

				AID CODE 10				
				----- MONTHLY AVERAGE -----				
6,453 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	5,003	73,838	\$ 2,049,153.76	\$ 27.75	11.442	\$ 409.59	\$ 317.55	
@PHYSICIANS SERVICES	941	2,346	\$ 38,134.16	\$ 16.25	.364	\$ 40.53	\$ 5.91	
OUTPATIENT VISITS	19	32	816.10	25.50	.005	42.95	.13	
OFFICE VISITS	19	32	816.10	25.50	.005	42.95	.13	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	1	2	125.90	62.95	.000	125.90	.02	
HOSPITAL VISITS	1	2	125.90	62.95	.000	125.90	.02	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	11	14	542.11	38.72	.002	49.28	.08	
EXAMINATIONS	11	14	542.11	38.72	.002	49.28	.08	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	7	22	3,650.21	165.92	.003	521.46	.57	
PRINCIPAL SURGEON	6	6	3,296.33	549.39	.001	549.39	.51	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	3	16	353.88	22.12	.002	117.96	.05	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	1	1	48.20	48.20	.000	48.20	.01	
RADIOLOGY	11	11	401.83	36.53	.002	36.53	.06	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	1	2	27.52	13.76	.000	27.52	.00	
OTHER SERVICES/ALL X-OVERS	906	2,262	32,522.29	14.38	.351	35.90	5.04	
@PHARMACY	4,059	31,952	\$ 1,062,778.88	\$ 33.26	4.951	\$ 261.83	\$ 164.70	
PRESCRIPTION DRUGS	4,016	15,078	1,032,548.44	68.48	2.337	257.11	160.01	
SNF/ICF	64	309	17,145.09	55.49	.048	267.89	2.66	
OUTPATIENTS	3,960	14,769	1,015,403.35	68.75	2.289	256.41	157.35	
MEDICAL SUPPLIES	344	16,874	30,230.44	1.79	2.615	87.88	4.68	
@DENTIST	123	375	\$ 20,637.68	\$ 55.03	.058	\$ 167.79	\$ 3.20	
VISITS - DIAGNOSTIC	85	214	3,336.00	15.59	.033	39.25	.52	
ORAL SURGERY	16	27	1,577.00	58.41	.004	98.56	.24	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	1	1	200.00	200.00	.000	200.00	.03	
ENDODONTICS	2	3	561.00	187.00	.000	280.50	.09	
RESTORATIVE DENTISTRY	28	67	6,482.00	96.75	.010	231.50	1.00	
PROSTHETICS	2	2	30.00	15.00	.000	15.00	.00	
DENTURES, STAYPLATES	24	61	8,451.68	138.55	.009	352.15	1.31	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	

6,453 ELIGIBLES		AID CODE 10		----- MONTHLY AVERAGE -----				
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	112	310	\$ 5,928.87	\$ 19.13	.048	\$ 52.94	\$.92	
DIAGNOSTIC AND ANC. PROCED	19	19	929.21	48.91	.003	48.91	.14	
EYE APPLIANCES	85	248	4,331.95	17.47	.038	50.96	.67	
OTHER OPTOMETRIC SERVICES	33	43	667.71	15.53	.007	20.23	.10	
@CHIROPRACTOR	5	9	\$ 88.48	\$ 9.83	.001	\$ 17.70	\$.01	
VISITS	3	4	66.88	16.72	.001	22.29	.01	
OTHER SERVICES	2	5	21.60	4.32	.001	10.80	.00	
@PODIATRIST	80	228	\$ 2,954.13	\$ 12.96	.035	\$ 36.93	\$.46	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	80	228	2,954.13	12.96	.035	36.93	.46	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	13	49	\$ 199.34	\$ 4.07	.008	\$ 15.33	\$.03	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	634	2,199	\$ 173,180.24	\$ 78.75	.341	\$ 273.15	\$ 26.84	
HOSP INPATIENT TOTAL	87	411	129,943.23	316.16	.064	1493.60	20.14	
HSC HOSPITALS	3	10	9,660.96	966.10	.002	3220.32	1.50	
NON-HSC HOSPITAL TOTAL	8	22	63,376.73	2880.76	.003	7922.09	9.82	
ACCOMMODATIONS	8	22	17,421.70	791.90	.003	2177.71	2.70	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	8	22	17,421.70	791.90	.003	2177.71	2.70	
ANCILLARIES	8	0	45,955.03	.00	.000	5744.38	7.12	
INPATIENT CROSSOVERS	76	379	56,905.54	150.15	.059	748.76	8.82	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	585	1,788	43,237.01	24.18	.277	73.91	6.70	
MEDICAL	9	11	171.23	15.57	.002	19.03	.03	
SURGERY	3	3	399.92	133.31	.000	133.31	.06	
PATHOLOGY	21	56	805.93	14.39	.009	38.38	.12	
RADIOLOGY	7	6	784.87	130.81	.001	112.12	.12	
ROOM USE	4	7	402.18	57.45	.001	100.55	.06	
CROSSOVERS/ALL OTH OUTPTNT	563	1,705	40,672.88	23.86	.264	72.24	6.30	
@COUNTY HOSPITAL TOTAL	7	12	\$ 6,188.88	\$ 515.74	.002	\$ 884.13	\$.96	
CO HOSPITAL INPATIENT TOTAL	1	5	5,908.45	1181.69	.001	5908.45	.92	
HSC HOSPITALS	1	5	5,908.45	1181.69	.001	5908.45	.92	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	6	7	280.43	40.06	.001	46.74	.04	
MEDICAL	0	0	8.17	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	

RADIOLOGY	0	0	7.84	.00	.000	.00	.00
ROOM USE	0	0	23.68	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	6	7	240.74	34.39	.001	40.12	.04

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

6,453 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	627	2,187	\$ 166,991.36	\$ 76.36	.339	\$ 266.33	\$ 25.88
COMM HOSP INPATIENT TOTAL	86	406	124,034.78	305.50	.063	1442.26	19.22
HSC HOSPITALS	2	5	3,752.51	750.50	.001	1876.26	.58
NON-HSC HOSPITALS TOTAL	8	22	63,376.73	2880.76	.003	7922.09	9.82
ACCOMMODATIONS	8	22	17,421.70	791.90	.003	2177.71	2.70
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	22	17,421.70	791.90	.003	2177.71	2.70
ANCILLARIES	8	0	45,955.03	.00	.000	5744.38	7.12
INPATIENT CROSSOVERS	76	379	56,905.54	150.15	.059	748.76	8.82
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	579	1,781	42,956.58	24.12	.276	74.19	6.66
MEDICAL	9	11	163.06	14.82	.002	18.12	.03
SURGERY	3	3	399.92	133.31	.000	133.31	.06
PATHOLOGY	21	56	805.93	14.39	.009	38.38	.12
RADIOLOGY	7	6	777.03	129.51	.001	111.00	.12
ROOM USE	4	7	378.50	54.07	.001	94.63	.06
CROSSOVERS/ALL OTH OUTPTNT	557	1,698	40,432.14	23.81	.263	72.59	6.27
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	55	1,265	\$ 166,299.12	\$ 131.46	.196	\$ 3023.62	\$ 25.77
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	55	1,265	166,299.12	131.46	.196	3023.62	25.77
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	38	45	\$ 19,197.11	\$ 426.60	.007	\$ 505.19	\$ 2.97
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	38	45	19,197.11	426.60	.007	505.19	2.97
@REHABILITATION FACILITY	0	1	\$ 12.81	\$ 12.81	.000	.00	.00
HOSPITAL BASED	0	1	12.81	12.81	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	16	\$ 202.60	\$ 12.66	.002	\$ 40.52	\$.03
PATHOLOGY	2	11	126.15	11.47	.002	63.08	.02
XO AND OTHERS	3	5	76.45	15.29	.001	25.48	.01
@ORGANIZED OUTPATIENT CLINIC	1,784	3,256	\$ 160,345.74	\$ 49.25	.505	\$ 89.88	\$ 24.85
CLINIC	1	1	46.43	46.43	.000	46.43	.01
SURGICENTER	12	19	2,327.82	122.52	.003	193.99	.36
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,777	3,236	157,971.49	48.82	.501	88.90	24.48

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MOP024
MENDOCINO COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT - AGED

AID CODE 10

01/17/03

6,453 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,478	31,787	\$ 399,194.60	\$ 12.56	4.926	\$ 270.09	\$ 61.86
DURABLE MED. EQUIP.	42	119	25,505.77	214.33	.018	607.28	3.95
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	37	66	5,143.70	77.93	.010	139.02	.80
MEDICAL TRANSPORTATION	71	2,042	12,914.90	6.32	.316	181.90	2.00
AMBULANCES/AIR TRANS	5	8	590.61	73.83	.001	118.12	.09
OTHER TRANS	13	1,257	7,163.50	5.70	.195	551.04	1.11
OTHER SERVICES	53	777	5,160.79	6.64	.120	97.37	.80
ACUPUNCTURE	168	429	7,282.68	16.98	.066	43.35	1.13
ADULT DAY HEALTH CARE CTR	75	799	53,126.65	66.49	.124	708.36	8.23
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	676	4,952	235,560.53	47.57	.767	348.46	36.50
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	133	331	4,564.42	13.79	.051	34.32	.71
PHYSICAL THERAPIST	30	275	4,691.89	17.06	.043	156.40	.73
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	11	338.39	30.76	.002	84.60	.05
PROSTHETICS	4	11	338.39	30.76	.002	84.60	.05
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	59.11	59.11	.000	59.11	.01
SPEECH AND AUDIOLOGY	77	171	20,034.27	117.16	.026	260.19	3.10
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	3.11	3.11	.000	3.11	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	515	22,590	29,969.18	1.33	3.501	58.19	4.64
@CALIF. CHILDREN SERVICES*	1	200	\$ 52.04	\$.26	.031	\$ 52.04	\$.01
@XOVER EXCLUDING STATE HOSP**	1,780	10,658	\$ 207,943.75	\$ 19.51	1.652	\$ 116.82	\$ 32.22

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MENDOCINO COUNTY

SUMMARY OF SERVICES FOR CASH GRANT - BLIND

AID CODE 20

761 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	621	59,802	\$ 641,894.72	\$ 10.73	78.583	\$ 1033.65	\$ 843.49
@PHYSICIANS SERVICES	160	642	\$ 25,059.47	\$ 39.03	.844	\$ 156.62	\$ 32.93
OUTPATIENT VISITS	34	46	1,856.80	40.37	.060	54.61	2.44
OFFICE VISITS	26	37	1,498.74	40.51	.049	57.64	1.97
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	5	205.80	41.16	.007	41.16	.27
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	4	152.26	38.07	.005	38.07	.20
INPATIENT VISITS	5	17	767.08	45.12	.022	153.42	1.01
HOSPITAL VISITS	5	16	734.62	45.91	.021	146.92	.97
CRITICAL CARE	0	0	.00	.00	.000	.00	.00

SNF/ICF/TRANS IP CARE	1	1		32.46	32.46	.001	32.46	.04
OPHTHALMOLOGICAL SERVICES	6	7		379.79	54.26	.009	63.30	.50
EXAMINATIONS	6	7		379.79	54.26	.009	63.30	.50
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	72		2,310.18	32.09	.095	385.03	3.04
PRINCIPAL SURGEON	3	3		1,101.27	367.09	.004	367.09	1.45
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	69		1,208.91	17.52	.091	302.23	1.59
OUTPATIENT SURGERY	19	90		10,229.33	113.66	.118	538.39	13.44
PRINCIPAL SURGEON	14	33		9,057.41	274.47	.043	646.96	11.90
ASSISTANT SURGEON	1	1		118.02	118.02	.001	118.02	.16
ANESTHESIOLOGIST	5	56		1,053.90	18.82	.074	210.78	1.38
DIALYSIS	11	37		3,644.24	98.49	.049	331.29	4.79
PATHOLOGY	4	7		239.01	34.14	.009	59.75	.31
RADIOLOGY	29	54		2,826.95	52.35	.071	97.48	3.71
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	90	312		2,806.09	8.99	.410	31.18	3.69
@PHARMACY	501	25,106	\$	212,263.85	\$ 8.45	32.991	\$ 423.68	\$ 278.93
PRESCRIPTION DRUGS	492	2,352		192,596.27	81.89	3.091	391.46	253.08
SNF/ICF	29	342		16,666.30	48.73	.449	574.70	21.90
OUTPATIENTS	466	2,010		175,929.97	87.53	2.641	377.53	231.18
MEDICAL SUPPLIES	117	22,754		19,667.58	.86	29.900	168.10	25.84
@DENTIST	19	77	\$	1,965.00	\$ 25.52	.101	\$ 103.42	\$ 2.58
VISITS - DIAGNOSTIC	14	48		711.00	14.81	.063	50.79	.93
ORAL SURGERY	1	4		159.00	39.75	.005	159.00	.21
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	4		.00	.00	.005	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	8	20		995.00	49.75	.026	124.38	1.31
PROSTHETICS	0	0		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	100.00	100.00	.001	100.00	.13
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

761 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----	
					UNITS/DAYS PER ELIG	COST PER USER COST PER ELIGIBLE
@OPTOMETRIST	14	40	\$ 1,890.59	\$ 47.26	.053	\$ 135.04 \$ 2.48
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.003	47.45 .12
EYE APPLIANCES	11	31	1,659.46	53.53	.041	150.86 2.18
OTHER OPTOMETRIC SERVICES	4	7	136.23	19.46	.009	34.06 .18
@CHIROPRACTOR	0	0	.00	.00	.000	.00 .00
VISITS	0	0	.00	.00	.000	.00 .00
OTHER SERVICES	0	0	.00	.00	.000	.00 .00
@PODIATRIST	19	30	\$ 307.32	\$ 10.24	.039	\$ 16.17 \$.40
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00 .00
SURGERY/ANES.	0	0	.00	.00	.000	.00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00 .00
OTHER	19	30	307.32	10.24	.039	16.17 .40
@HOME HEALTH AGENCY	2	2	\$ 104.99	\$ 52.50	.003	\$ 52.50 \$.14
NURSE ANESTHESIST	0	0	.00	.00	.000	.00 .00
NURSE MIDWIFE	0	0	.00	.00	.000	.00 .00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00 .00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00 .00
@TOTAL HOSPITAL	166	946	\$ 79,495.43	\$ 84.03	1.243	\$ 478.89 \$ 104.46
HOSP INPATIENT TOTAL	13	78	55,109.84	706.54	.102	4239.22 72.42
HSC HOSPITALS	1	5	8,250.00	1650.00	.007	8250.00 10.84
NON-HSC HOSPITAL TOTAL	6	29	41,987.84	1447.86	.038	6997.97 55.17
ACCOMMODATIONS	6	29	14,788.67	509.95	.038	2464.78 19.43
ADMINISTRATIVE DAYS	1	6	1,298.99	216.50	.008	1298.99 1.71
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00 .00
ALL OTHER ACCOM	5	23	13,489.68	586.51	.030	2697.94 17.73
ANCILLARIES	6	0	27,199.17	.00	.000	4533.20 35.74
INPATIENT CROSSOVERS	6	44	4,872.00	110.73	.058	812.00 6.40
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00 .00
HOSP OUTPATIENT TOTAL	159	868	24,385.59	28.09	1.141	153.37 32.04
MEDICAL	38	65	3,884.45	59.76	.085	102.22 5.10
SURGERY	14	16	1,514.35	94.65	.021	108.17 1.99
PATHOLOGY	69	321	3,519.79	10.97	.422	51.01 4.63
RADIOLOGY	27	42	4,638.93	110.45	.055	171.81 6.10
ROOM USE	53	87	4,701.76	54.04	.114	88.71 6.18
CROSSOVERS/ALL OTH OUTPTNT	90	337	6,126.31	18.18	.443	68.07 8.05
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00 .00
HSC HOSPITALS	0	0	.00	.00	.000	.00 .00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00 .00
ACCOMMODATIONS	0	0	.00	.00	.000	.00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00 .00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00 .00
ANCILLARIES	0	0	.00	.00	.000	.00 .00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,695
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

761 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	166	946	\$ 79,495.43	\$ 84.03	1.243	\$ 478.89	\$ 104.46
COMM HOSP INPATIENT TOTAL	13	78	55,109.84	706.54	.102	4239.22	72.42
HSC HOSPITALS	1	5	8,250.00	1650.00	.007	8250.00	10.84
NON-HSC HOSPITALS TOTAL	6	29	41,987.84	1447.86	.038	6997.97	55.17
ACCOMMODATIONS	6	29	14,788.67	509.95	.038	2464.78	19.43
ADMINISTRATIVE DAYS	1	6	1,298.99	216.50	.008	1298.99	1.71
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	23	13,489.68	586.51	.030	2697.94	17.73
ANCILLARIES	6	0	27,199.17	.00	.000	4533.20	35.74
INPATIENT CROSSOVERS	6	44	4,872.00	110.73	.058	812.00	6.40
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	159	868	24,385.59	28.09	1.141	153.37	32.04
MEDICAL	38	65	3,884.45	59.76	.085	102.22	5.10
SURGERY	14	16	1,514.35	94.65	.021	108.17	1.99
PATHOLOGY	69	321	3,519.79	10.97	.422	51.01	4.63
RADIOLOGY	27	42	4,638.93	110.45	.055	171.81	6.10
ROOM USE	53	87	4,701.76	54.04	.114	88.71	6.18
CROSSOVERS/ALL OTH OUTPTNT	90	337	6,126.31	18.18	.443	68.07	8.05
@STATE HOSPITAL	2	59	\$ 26,031.70	\$ 441.22	.078	\$ 13015.85	\$ 34.21
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	2	59	26,031.70	441.22	.078	13015.85	34.21
@NURSING FACILITY	32	771	\$ 103,511.78	\$ 134.26	1.013	\$ 3234.74	\$ 136.02
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	32	771	103,511.78	134.26	1.013	3234.74	136.02
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	52	985	\$ 49,219.76	\$ 49.97	1.294	\$ 946.53	\$ 64.68
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	52	985	49,219.76	49.97	1.294	946.53	64.68
@REHABILITATION FACILITY	4	7	\$ 129.17	\$ 18.45	.009	\$ 32.29	\$.17
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	4	7	129.17	18.45	.009	32.29	.17
@LABORATORY FACILITY	12	91	\$ 1,161.50	\$ 12.76	.120	\$ 96.79	\$ 1.53
PATHOLOGY	12	91	1,161.50	12.76	.120	96.79	1.53
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

UNORGANIZED OUTPATIENT CLINIC	254	525	\$	34,927.32	\$	66.53	.690	\$	137.51	\$	45.90
CLINIC	4	7		545.80		77.97	.009		136.45		.72
SURGICENTER	3	8		384.04		48.01	.011		128.01		.50
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	252	510		33,997.48		66.66	.670		134.91		44.67

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,696
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

761 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	249	30,521	\$ 105,826.84	\$ 3.47	40.106	\$ 425.01	\$ 139.06
DURABLE MED. EQUIP.	24	98	16,642.54	169.82	.129	693.44	21.87
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	33	10,564	21,902.01	2.07	13.882	663.70	28.78
AMBULANCES/AIR TRANS	9	41	1,580.59	38.55	.054	175.62	2.08
OTHER TRANS	16	10,278	19,130.85	1.86	13.506	1195.68	25.14
OTHER SERVICES	10	245	1,190.57	4.86	.322	119.06	1.56
ACUPUNCTURE	22	59	1,000.22	16.95	.078	45.46	1.31
ADULT DAY HEALTH CARE CTR	18	226	15,090.82	66.77	.297	838.38	19.83
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	96	809	38,457.59	47.54	1.063	400.60	50.54
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	11	25	353.49	14.14	.033	32.14	.46
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	152.02	76.01	.003	152.02	.20
PROSTHETICS	1	2	152.02	76.01	.003	152.02	.20
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	11	19	1,685.53	88.71	.025	153.23	2.21
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	17	315	3,027.28	9.61	.414	178.08	3.98
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	103	18,404	7,515.34	.41	24.184	72.96	9.88
@CALIF. CHILDREN SERVICES*	30	258	\$ 38,389.08	\$ 148.79	.339	\$ 1279.64	\$ 50.45
@XOVER EXCLUDING STATE HOSP**	188	4,043	\$ 50,626.16	\$ 12.52	5.313	\$ 269.29	\$ 66.53

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,697
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED	AID CODE 60

39,581 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	31,556	655,193	\$ 25,596,819.23	\$ 39.07	16.553	\$ 811.16	\$ 646.69
@PHYSICIANS SERVICES	7,256	21,816	\$ 912,461.07	\$ 41.83	.551	\$ 125.75	\$ 23.05
OUTPATIENT VISITS	2,251	2,995	108,997.90	36.39	.076	48.42	2.75
OFFICE VISITS	1,926	2,516	87,281.61	34.69	.064	45.32	2.21
HOME VISITS	6	10	343.00	34.30	.000	57.17	.01
EMERGENCY ROOM	210	269	13,964.06	51.91	.007	66.50	.35

PREVENTIVE CARE	1	1		43.85	43.85	.000	43.85	.00
OB VISITS/COMPRE PERI	17	23		1,891.81	82.25	.001	111.28	.05
OTHER OUTPATIENT	149	176		5,473.57	31.10	.004	36.74	.14
INPATIENT VISITS	546	2,179		109,247.23	50.14	.055	200.09	2.76
HOSPITAL VISITS	475	1,876		89,155.31	47.52	.047	187.70	2.25
CRITICAL CARE	51	118		13,154.57	111.48	.003	257.93	.33
SNF/ICF/TRANS IP CARE	69	185		6,937.35	37.50	.005	100.54	.18
OPHTHALMOLOGICAL SERVICES	137	152		6,794.17	44.70	.004	49.59	.17
EXAMINATIONS	137	152		6,794.17	44.70	.004	49.59	.17
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	310	2,143		154,466.17	72.08	.054	498.28	3.90
PRINCIPAL SURGEON	211	325		113,310.08	348.65	.008	537.01	2.86
ASSISTANT SURGEON	35	37		7,567.18	204.52	.001	216.21	.19
ANESTHESIOLOGIST	131	1,781		33,588.91	18.86	.045	256.40	.85
OUTPATIENT SURGERY	633	2,132		169,001.36	79.27	.054	266.98	4.27
PRINCIPAL SURGEON	502	712		140,789.08	197.74	.018	280.46	3.56
ASSISTANT SURGEON	5	5		471.69	94.34	.000	94.34	.01
ANESTHESIOLOGIST	175	1,415		27,740.59	19.60	.036	158.52	.70
DIALYSIS	36	62		8,655.02	139.60	.002	240.42	.22
PATHOLOGY	583	1,080		30,618.81	28.35	.027	52.52	.77
RADIOLOGY	2,380	4,057		171,057.54	42.16	.102	71.87	4.32
PSYCHIATRY	5	8		299.79	37.47	.000	59.96	.01
IMMUNIZATION AND INJECTION	79	372		17,623.28	47.37	.009	223.08	.45
OTHER SERVICES/ALL X-OVERS	2,898	6,636		135,699.80	20.45	.168	46.83	3.43
@PHARMACY	25,067	204,468	\$	9,953,354.38	\$ 48.68	5.166	\$ 397.07	\$ 251.47
PRESCRIPTION DRUGS	24,789	103,089		9,721,473.13	94.30	2.605	392.17	245.61
SNF/ICF	380	2,442		182,338.22	74.67	.062	479.84	4.61
OUTPATIENTS	24,449	100,647		9,539,134.91	94.78	2.543	390.16	241.00
MEDICAL SUPPLIES	1,930	101,379		231,881.25	2.29	2.561	120.15	5.86
@DENTIST	1,127	4,321	\$	171,210.94	\$ 39.62	.109	\$ 151.92	\$ 4.33
VISITS - DIAGNOSTIC	791	2,576		40,153.76	15.59	.065	50.76	1.01
ORAL SURGERY	179	637		37,256.25	58.49	.016	208.14	.94
DRUGS	4	4		38.00	9.50	.000	9.50	.00
ANESTHESIA	22	22		1,950.00	88.64	.001	88.64	.05
PERIODONTICS	40	55		6,090.00	110.73	.001	152.25	.15
ENDODONTICS	33	46		8,355.00	181.63	.001	253.18	.21
RESTORATIVE DENTISTRY	303	734		46,982.75	64.01	.019	155.06	1.19
PROSTHETICS	7	7		180.00	25.71	.000	25.71	.00
DENTURES, STAYPLATES	81	202		25,549.00	126.48	.005	315.42	.65
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	9	14		2,335.35	166.81	.000	259.48	.06
FRACTURES, DISLOCATIONS	1	1		800.00	800.00	.000	800.00	.02
ORTHODONTIC SERVICES	11	14		1,520.83	108.63	.000	138.26	.04
ALL OTHER SERVICES	9	9		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 6,698
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED							
				AID CODE 60		----- MONTHLY AVERAGE -----		
39,581 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	882	2,646	\$ 57,694.17	\$ 21.80	.067	\$ 65.41	\$ 1.46	
DIAGNOSTIC AND ANC. PROCED	454	459	21,361.54	46.54	.012	47.05	.54	
EYE APPLIANCES	726	2,084	34,414.36	16.51	.053	47.40	.87	
OTHER OPTOMETRIC SERVICES	74	103	1,918.27	18.62	.003	25.92	.05	
@CHIROPRACTOR	60	162	\$ 2,632.98	\$ 16.25	.004	\$ 43.88	\$.07	
VISITS	54	153	2,528.90	16.53	.004	46.83	.06	

OTHER SERVICES	6	9		104.08		11.56	.000	17.35		.00
@PODIATRIST	125	166	\$	2,769.00	\$	16.68	.004	\$ 22.15	\$	.07
MEDICINE/INJECTIONS	13	13		405.80		31.22	.000	31.22		.01
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	112	153		2,363.20		15.45	.004	21.10		.06
@HOME HEALTH AGENCY	121	1,374	\$	73,518.00	\$	53.51	.035	\$ 607.59	\$	1.86
NURSE ANESTHESIST	21	101	\$	305.76	\$	3.03	.003	\$ 14.56	\$	.01
NURSE MIDWIFE	17	96	\$	2,561.75	\$	26.68	.002	\$ 150.69	\$	.06
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
@TOTAL HOSPITAL	8,424	47,693	\$	7,107,369.79	\$	149.02	1.205	\$ 843.70	\$	179.57
HOSP INPATIENT TOTAL	729	3,771		5,761,592.17		1527.87	.095	7903.42		145.56
HSC HOSPITALS	73	586		925,886.30		1580.01	.015	12683.37		23.39
NON-HSC HOSPITAL TOTAL	447	2,026		4,650,399.11		2295.36	.051	10403.58		117.49
ACCOMMODATIONS	428	2,026		1,473,157.16		727.13	.051	3441.96		37.22
ADMINISTRATIVE DAYS	22	88		18,217.29		207.01	.002	828.06		.46
TRANSITIONAL IP CARE	0	0		302.04		.00	.000	.00		.01
ALL OTHER ACCOM	414	1,938		1,454,637.83		750.59	.049	3513.62		36.75
ANCILLARIES	447	0		3,177,241.95		.00	.000	7107.92		80.27
INPATIENT CROSSOVERS	219	1,159		185,306.76		159.89	.029	846.15		4.68
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	8,120	43,922		1,345,777.62		30.64	1.110	165.74		34.00
MEDICAL	2,891	5,569		314,953.50		56.55	.141	108.94		7.96
SURGERY	481	605		42,744.94		70.65	.015	88.87		1.08
PATHOLOGY	3,716	15,913		212,105.35		13.33	.402	57.08		5.36
RADIOLOGY	1,927	2,883		228,822.25		79.37	.073	118.75		5.78
ROOM USE	2,890	4,556		218,459.06		47.95	.115	75.59		5.52
CROSSOVERS/ALL OTH OUTPTNT	3,940	14,396		328,692.52		22.83	.364	83.42		8.30
@COUNTY HOSPITAL TOTAL	54	272	\$	28,881.64	\$	106.18	.007	\$ 534.85	\$	.73
CO HOSPITAL INPATIENT TOTAL	4	20		22,702.50		1135.13	.001	5675.63		.57
HSC HOSPITALS	4	20		22,608.00		1130.40	.001	5652.00		.57

NON-HSC HOSPITALS TOTAL	0	0	94.50	.00	.000	.00	.00
ACCOMMODATIONS	0	0	94.50	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	94.50	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	54	252	6,179.14	24.52	.006	114.43	.16
MEDICAL	30	43	1,770.26	41.17	.001	59.01	.04
SURGERY	2	2	57.98	28.99	.000	28.99	.00
PATHOLOGY	20	85	1,196.71	14.08	.002	59.84	.03
RADIOLOGY	11	21	1,089.57	51.88	.001	99.05	.03
ROOM USE	33	41	1,483.10	36.17	.001	44.94	.04
CROSSOVERS/ALL OTH OUTPTNT	21	60	581.52	9.69	.002	27.69	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,699
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED						
	AID CODE 60						

		----- MONTHLY AVERAGE -----						
39,581 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	8,382	47,421	\$ 7,078,488.15	\$ 149.27	1.198	\$ 844.49	\$ 178.84	
COMM HOSP INPATIENT TOTAL	727	3,751	5,738,889.67	1529.96	.095	7893.93	144.99	
HSC HOSPITALS	69	566	903,278.30	1595.90	.014	13090.99	22.82	
NON-HSC HOSPITALS TOTAL	447	2,026	4,650,304.61	2295.31	.051	10403.37	117.49	
ACCOMMODATIONS	428	2,026	1,473,062.66	727.08	.051	3441.74	37.22	
ADMINISTRATIVE DAYS	22	88	18,122.79	205.94	.002	823.76	.46	
TRANSITIONAL IP CARE	0	0	302.04	.00	.000	.00	.01	
ALL OTHER ACCOM	414	1,938	1,454,637.83	750.59	.049	3513.62	36.75	
ANCILLARIES	447	0	3,177,241.95	.00	.000	7107.92	80.27	
INPATIENT CROSSOVERS	219	1,159	185,306.76	159.89	.029	846.15	4.68	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	8,077	43,670	1,339,598.48	30.68	1.103	165.85	33.84	
MEDICAL	2,863	5,526	313,183.24	56.67	.140	109.39	7.91	
SURGERY	479	603	42,686.96	70.79	.015	89.12	1.08	
PATHOLOGY	3,699	15,828	210,908.64	13.33	.400	57.02	5.33	
RADIOLOGY	1,918	2,862	227,732.68	79.57	.072	118.73	5.75	
ROOM USE	2,862	4,515	216,975.96	48.06	.114	75.81	5.48	
CROSSOVERS/ALL OTH OUTPTNT	3,923	14,336	328,111.00	22.89	.362	83.64	8.29	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	274	7,939	\$ 1,318,192.34	\$ 166.04	.201	\$ 4810.92	\$ 33.30	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	3	91	11,004.63	120.93	.002	3668.21	.28	
LEV B-SUBACUTE FREESTANDING	12	456	262,077.99	574.73	.012	21839.83	6.62	
LEV B-SUBACUTE HSPTL BASED	8	242	149,873.08	619.31	.006	18734.14	3.79	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	252	7,150	895,236.64	125.21	.181	3552.53	22.62	
@INTERMEDIATE CARE FACIL.-DD	96	2,920	\$ 460,119.00	\$ 157.58	.074	\$ 4792.91	\$ 11.62	
ICF DDH	72	2,190	326,682.30	149.17	.055	4537.25	8.25	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	24	730	133,436.70	182.79	.018	5559.86	3.37	
@HEMODIALYSIS TOTAL	140	1,101	\$ 96,587.46	\$ 87.73	.028	\$ 689.91	\$ 2.44	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	140	1,101	96,587.46	87.73	.028	689.91	2.44	

@REHABILITATION FACILITY	95	1,146	\$	15,037.82	\$	13.12	.029	\$	158.29	\$	.38
HOSPITAL BASED	4	11		323.09		29.37	.000		80.77		.01
INDEPENDENT FACILITY	91	1,135		14,714.73		12.96	.029		161.70		.37
@LABORATORY FACILITY	1,262	5,722	\$	75,286.07	\$	13.16	.145	\$	59.66	\$	1.90
PATHOLOGY	1,260	5,718		75,233.10		13.16	.144		59.71		1.90
XO AND OTHERS	2	4		52.97		13.24	.000		26.49		.00
@ORGANIZED OUTPATIENT CLINIC	16,614	40,705	\$	3,451,932.70	\$	84.80	1.028	\$	207.77	\$	87.21
CLINIC	193	482		20,239.24		41.99	.012		104.87		.51
SURGICENTER	139	416		17,191.46		41.33	.011		123.68		.43
HEROIN DETOX CLINIC	2	28		343.18		12.26	.001		171.59		.01
RURAL HEALTH CLINIC	16,446	39,779		3,414,158.82		85.83	1.005		207.60		86.26

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,700
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

						----- MONTHLY AVERAGE -----			
39,581 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@ALL OTHER PROVIDERS	6,548	312,817	\$ 1,895,786.00	\$ 6.06	7.903	\$ 289.52	\$ 47.90		
DURABLE MED. EQUIP.	719	3,835	493,204.18	128.61	.097	685.96	12.46		
BLOOD BANK	0	0	.00	.00	.000	.00	.00		
HEARING AID DISPENSERS	38	58	7,538.94	129.98	.001	198.39	.19		
MEDICAL TRANSPORTATION	781	40,660	291,586.59	7.17	1.027	373.35	7.37		
AMBULANCES/AIR TRANS	508	9,362	146,977.92	15.70	.237	289.33	3.71		
OTHER TRANS	77	27,116	56,836.12	2.10	.685	738.13	1.44		
OTHER SERVICES	247	4,182	87,772.55	20.99	.106	355.35	2.22		
ACUPUNCTURE	1,056	2,662	45,555.84	17.11	.067	43.14	1.15		
ADULT DAY HEALTH CARE CTR	168	1,873	124,092.59	66.25	.047	738.65	3.14		
GENETIC DISEASE TESTING	17	17	1,371.00	80.65	.000	80.65	.03		
IHMC, MODEL-NF, NF, AIDS, MSSP	809	6,877	438,391.99	63.75	.174	541.89	11.08		
OCCUPATIONAL THERAPIST	8	63	907.01	14.40	.002	113.38	.02		
OPTICIAN	947	2,379	29,784.90	12.52	.060	31.45	.75		
PHYSICAL THERAPIST	252	2,316	35,723.98	15.42	.059	141.76	.90		
PORTABLE X-RAY	2	4	135.28	33.82	.000	67.64	.00		
PROSTHETIST/ORTHOTISTS	132	423	57,245.49	135.33	.011	433.68	1.45		
PROSTHETICS	106	393	55,517.60	141.27	.010	523.75	1.40		
ORTHOTICS	26	30	1,727.89	57.60	.001	66.46	.04		
PSYCHOLOGIST	9	19	1,438.43	75.71	.000	159.83	.04		
SPEECH AND AUDIOLOGY	181	642	41,129.33	64.06	.016	227.23	1.04		
HOSPICE SERVICES	2	25	2,809.61	112.38	.001	1404.81	.07		
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00		
LOCAL EDUCATION AGENCIES	753	15,438	164,639.41	10.66	.390	218.64	4.16		
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00		
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00		
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00		
ALL OTHER PROVIDERS	1,656	235,526	160,231.43	.68	5.950	96.76	4.05		
@CALIF. CHILDREN SERVICES*	550	8,346	\$ 812,695.90	\$ 97.38	.211	\$ 1477.63	\$ 20.53		
@XOVER EXCLUDING STATE HOSP**	4,247	38,682	\$ 596,700.62	\$ 15.43	.977	\$ 140.50	\$ 15.08		

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,701
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

48,335 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	25,400	128,896	\$	8,374,981.50	\$	64.97	2.667	\$	329.72	\$	173.27
@PHYSICIANS SERVICES	3,637	9,278	\$	497,606.58	\$	53.63	.192	\$	136.82	\$	10.29
OUTPATIENT VISITS	1,246	1,532		59,944.68		39.13	.032		48.11		1.24
OFFICE VISITS	999	1,205		42,917.24		35.62	.025		42.96		.89
HOME VISITS	2	2		54.98		27.49	.000		27.49		.00
EMERGENCY ROOM	152	174		7,471.04		42.94	.004		49.15		.15
PREVENTIVE CARE	1	1		43.85		43.85	.000		43.85		.00
OB VISITS/COMPRE PERI	69	104		7,976.47		76.70	.002		115.60		.17
OTHER OUTPATIENT	43	46		1,481.10		32.20	.001		34.44		.03
INPATIENT VISITS	268	941		70,398.74		74.81	.019		262.68		1.46
HOSPITAL VISITS	252	706		34,603.01		49.01	.015		137.31		.72
CRITICAL CARE	38	235		35,795.73		152.32	.005		941.99		.74
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	50	52		2,591.82		49.84	.001		51.84		.05
EXAMINATIONS	50	52		2,591.82		49.84	.001		51.84		.05
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	224	1,224		112,516.33		91.93	.025		502.31		2.33
PRINCIPAL SURGEON	138	172		89,086.76		517.95	.004		645.56		1.84
ASSISTANT SURGEON	21	21		3,838.56		182.79	.000		182.79		.08
ANESTHESIOLOGIST	97	1,031		19,591.01		19.00	.021		201.97		.41
OUTPATIENT SURGERY	401	1,651		97,698.68		59.18	.034		243.64		2.02
PRINCIPAL SURGEON	285	357		71,760.23		201.01	.007		251.79		1.48
ASSISTANT SURGEON	3	3		261.81		87.27	.000		87.27		.01
ANESTHESIOLOGIST	167	1,291		25,676.64		19.89	.027		153.75		.53
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	523	821		20,263.99		24.68	.017		38.75		.42
RADIOLOGY	1,611	2,280		68,317.85		29.96	.047		42.41		1.41
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	41	194		42,864.73		220.95	.004		1045.48		.89
OTHER SERVICES/ALL X-OVERS	347	583		23,009.76		39.47	.012		66.31		.48
@PHARMACY	11,042	27,298	\$	1,154,433.16	\$	42.29	.565	\$	104.55	\$	23.88
PRESCRIPTION DRUGS	10,973	24,314		1,142,387.23		46.98	.503		104.11		23.63
SNF/ICF	8	37		2,920.73		78.94	.001		365.09		.06
OUTPATIENTS	10,968	24,277		1,139,466.50		46.94	.502		103.89		23.57
MEDICAL SUPPLIES	212	2,984		12,045.93		4.04	.062		56.82		.25
@DENTIST	1,419	6,053	\$	195,326.46	\$	32.27	.125	\$	137.65	\$	4.04
VISITS - DIAGNOSTIC	1,049	3,913		58,479.38		14.94	.081		55.75		1.21
ORAL SURGERY	214	552		38,448.00		69.65	.011		179.66		.80
DRUGS	22	23		469.00		20.39	.000		21.32		.01
ANESTHESIA	77	79		7,200.00		91.14	.002		93.51		.15
PERIODONTICS	8	8		820.00		102.50	.000		102.50		.02
ENDODONTICS	73	136		14,572.00		107.15	.003		199.62		.30
RESTORATIVE DENTISTRY	455	1,221		68,840.00		56.38	.025		151.30		1.42
PROSTHETICS	5	5		150.00		30.00	.000		30.00		.00
DENTURES, STAYPLATES	8	55		2,089.00		37.98	.001		261.13		.04
SPACE MAINTAINERS	12	17		1,484.00		87.29	.000		123.67		.03
MAXILLOFACIAL SERVICES	7	9		660.08		73.34	.000		94.30		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	19	29		2,115.00		72.93	.001		111.32		.04
ALL OTHER SERVICES	7	6		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

PAGE 6,702 01/17/03

----- MONTHLY AVERAGE -----

48,335 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@OPTOMETRIST	518	1,472	\$	34,230.44	\$	23.25	.030	\$	66.08	\$.71
DIAGNOSTIC AND ANC. PROCED	385	388		18,206.40		46.92	.008		47.29		.38
EYE APPLIANCES	391	1,075		15,832.81		14.73	.022		40.49		.33
OTHER OPTOMETRIC SERVICES	9	9		191.23		21.25	.000		21.25		.00
@CHIROPRACTOR	54	192	\$	3,059.76	\$	15.94	.004	\$	56.66	\$	.06
VISITS	54	192		3,059.76		15.94	.004		56.66		.06
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	23	26	\$	990.14	\$	38.08	.001	\$	43.05	\$	.02
NURSE ANESTHESIST	1	8	\$	136.87	\$	17.11	.000	\$	136.87	\$	.00
NURSE MIDWIFE	77	353	\$	14,643.57	\$	41.48	.007	\$	190.18	\$	.30
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	3	4	\$	131.38	\$	32.85	.000	\$	43.79	\$	.00
@TOTAL HOSPITAL	6,009	27,224	\$	3,263,634.60	\$	119.88	.563	\$	543.12	\$	67.52
HOSP INPATIENT TOTAL	306	1,356		2,421,941.45		1786.09	.028		7914.84		50.11
HSC HOSPITALS	36	322		479,278.02		1488.44	.007		13313.28		9.92
NON-HSC HOSPITAL TOTAL	275	1,034		1,942,663.43		1878.78	.021		7064.23		40.19
ACCOMMODATIONS	252	1,034		812,183.00		785.48	.021		3222.95		16.80
ADMINISTRATIVE DAYS	4	9		1,848.88		205.43	.000		462.22		.04
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	250	1,025		810,334.12		790.57	.021		3241.34		16.76
ANCILLARIES	275	0		1,130,480.43		.00	.000		4110.84		23.39
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5,864	25,868		841,693.15		32.54	.535		143.54		17.41
MEDICAL	3,298	4,994		249,313.89		49.92	.103		75.60		5.16
SURGERY	541	709		53,525.92		75.49	.015		98.94		1.11
PATHOLOGY	2,340	7,261		88,456.12		12.18	.150		37.80		1.83
RADIOLOGY	1,404	1,894		120,125.63		63.42	.039		85.56		2.49
ROOM USE	3,581	4,898		223,918.52		45.72	.101		62.53		4.63
CROSSOVERS/ALL OTH OUTPTNT	2,261	6,112		106,353.07		17.40	.126		47.04		2.20
@COUNTY HOSPITAL TOTAL	8	40	\$	1,286.51	\$	32.16	.001	\$	160.81	\$	.03
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	8	40		1,286.51		32.16	.001		160.81		.03
MEDICAL	5	6		190.56		31.76	.000		38.11		.00
SURGERY	2	4		128.12		32.03	.000		64.06		.00
PATHOLOGY	2	12		186.71		15.56	.000		93.36		.00
RADIOLOGY	0	0		13.15		.00	.000		.00		.00
ROOM USE	7	9		530.87		58.99	.000		75.84		.01
CROSSOVERS/ALL OTH OUTPTNT	5	9		237.10		26.34	.000		47.42		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,703
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 MENDOCINO COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

48,335 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,002	27,184	\$ 3,262,348.09	\$ 120.01	.562	\$ 543.54	\$ 67.49
COMM HOSP INPATIENT TOTAL	306	1,356	2,421,941.45	1786.09	.028	7914.84	50.11
HSC HOSPITALS	36	322	479,278.02	1488.44	.007	13313.28	9.92
NON-HSC HOSPITALS TOTAL	275	1,034	1,942,663.43	1878.78	.021	7064.23	40.19
ACCOMMODATIONS	252	1,034	812,183.00	785.48	.021	3222.95	16.80
ADMINISTRATIVE DAYS	4	9	1,848.88	205.43	.000	462.22	.04
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	250	1,025	810,334.12	790.57	.021	3241.34	16.76
ANCILLARIES	275	0	1,130,480.43	.00	.000	4110.84	23.39
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,857	25,828	840,406.64	32.54	.534	143.49	17.39
MEDICAL	3,294	4,988	249,123.33	49.94	.103	75.63	5.15
SURGERY	539	705	53,397.80	75.74	.015	99.07	1.10
PATHOLOGY	2,338	7,249	88,269.41	12.18	.150	37.75	1.83
RADIOLOGY	1,404	1,894	120,112.48	63.42	.039	85.55	2.49
ROOM USE	3,575	4,889	223,387.65	45.69	.101	62.49	4.62
CROSSOVERS/ALL OTH OUTPTNT	2,256	6,103	106,115.97	17.39	.126	47.04	2.20
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	14	193	\$ 2,699.21	\$ 13.99	.004	\$ 192.80	\$.06
HOSPITAL BASED	1	1CR	7.19	7.19CR	.000	7.19	.00
INDEPENDENT FACILITY	13	194	2,692.02	13.88	.004	207.08	.06
@LABORATORY FACILITY	1,147	3,245	\$ 60,193.93	\$ 18.55	.067	\$ 52.48	\$ 1.25
PATHOLOGY	1,147	3,245	60,193.93	18.55	.067	52.48	1.25
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	14,169	27,700	\$ 2,793,734.37	\$ 100.86	.573	\$ 197.17	\$ 57.80
CLINIC	417	1,614	30,958.90	19.18	.033	74.24	.64
SURGICENTER	53	230	8,666.53	37.68	.005	163.52	.18
HEROIN DETOX CLINIC	2	7	103.71	14.82	.000	51.86	.00
RURAL HEALTH CLINIC	13,862	25,849	2,754,005.23	106.54	.535	198.67	56.98
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
MOP024	FEE-FOR-SERVICE/DENTAL						
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G						

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	48,335 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3,382	25,850	\$	354,161.03	\$ 13.70	.535	\$ 104.72	\$ 7.33
DURABLE MED. EQUIP.	108	246		13,443.57	54.65	.005	124.48	.28
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	13		2,343.93	180.30	.000	334.85	.05
MEDICAL TRANSPORTATION	204	4,635		131,458.05	28.36	.096	644.40	2.72
AMBULANCES/AIR TRANS	202	4,604		76,637.01	16.65	.095	379.39	1.59
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	30	31		54,821.04	1768.42	.001	1827.37	1.13
ACUPUNCTURE	544	1,391		23,760.82	17.08	.029	43.68	.49
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	75	75		5,057.00	67.43	.002	67.43	.10
IHMC,MODEL-NF,NF,AIDS,MSSP	3	17		2,689.75	158.22	.000	896.58	.06
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	456	1,066		10,529.45	9.88	.022	23.09	.22
PHYSICAL THERAPIST	89	712		11,610.98	16.31	.015	130.46	.24
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	22	66		8,968.37	135.88	.001	407.65	.19
PROSTHETICS	15	58		8,516.48	146.84	.001	567.77	.18
ORTHOTICS	7	8		451.89	56.49	.000	64.56	.01
PSYCHOLOGIST	6	16		1,187.02	74.19	.000	197.84	.02
SPEECH AND AUDIOLOGY	28	74		4,510.26	60.95	.002	161.08	.09
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,874	10,937		134,770.23	12.32	.226	71.92	2.79
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	23	6,602		3,831.60	.58	.137	166.59	.08
@CALIF. CHILDREN SERVICES*	244	1,600	\$	609,306.54	\$ 380.82	.033	\$ 2497.16	\$ 12.61
@XOVER EXCLUDING STATE HOSP**	2	3	\$	73.63	\$ 24.54	.000	\$ 36.82	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

						----- MONTHLY AVERAGE -----			
95,130 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	62,580	917,729	\$	36,662,849.21	\$ 39.95	9.647	\$ 585.86	\$ 385.40	
@PHYSICIANS SERVICES	11,994	34,082	\$	1,473,261.28	\$ 43.23	.358	\$ 122.83	\$ 15.49	
OUTPATIENT VISITS	3,550	4,605		171,615.48	37.27	.048	48.34	1.80	
OFFICE VISITS	2,970	3,790		132,513.69	34.96	.040	44.62	1.39	
HOME VISITS	8	12		397.98	33.17	.000	49.75	.00	
EMERGENCY ROOM	367	448		21,640.90	48.31	.005	58.97	.23	
PREVENTIVE CARE	2	2		87.70	43.85	.000	43.85	.00	
OB VISITS/COMPRE PERI	86	127		9,868.28	77.70	.001	114.75	.10	
OTHER OUTPATIENT	196	226		7,106.93	31.45	.002	36.26	.07	
INPATIENT VISITS	820	3,139		180,538.95	57.51	.033	220.17	1.90	
HOSPITAL VISITS	733	2,600		124,618.84	47.93	.027	170.01	1.31	
CRITICAL CARE	89	353		48,950.30	138.67	.004	550.00	.51	
SNF/ICF/TRANS IP CARE	70	186		6,969.81	37.47	.002	99.57	.07	
OPHTHALMOLOGICAL SERVICES	204	225		10,307.89	45.81	.002	50.53	.11	
EXAMINATIONS	204	225		10,307.89	45.81	.002	50.53	.11	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	540	3,439		269,292.68	78.31	.036	498.69	2.83	
PRINCIPAL SURGEON	352	500		203,498.11	407.00	.005	578.12	2.14	
ASSISTANT SURGEON	56	58		11,405.74	196.65	.001	203.67	.12	
ANESTHESIOLOGIST	232	2,881		54,388.83	18.88	.030	234.43	.57	
OUTPATIENT SURGERY	1,060	3,895		280,579.58	72.04	.041	264.70	2.95	
PRINCIPAL SURGEON	807	1,108		224,903.05	202.98	.012	278.69	2.36	
ASSISTANT SURGEON	9	9		851.52	94.61	.000	94.61	.01	
ANESTHESIOLOGIST	350	2,778		54,825.01	19.74	.029	156.64	.58	
DIALYSIS	47	99		12,299.26	124.23	.001	261.69	.13	
PATHOLOGY	1,111	1,909		51,170.01	26.80	.020	46.06	.54	
RADIOLOGY	4,031	6,402		242,604.17	37.90	.067	60.18	2.55	
PSYCHIATRY	5	8		299.79	37.47	.000	59.96	.00	
IMMUNIZATION AND INJECTION	121	568		60,515.53	106.54	.006	500.13	.64	
OTHER SERVICES/ALL X-OVERS	4,241	9,793		194,037.94	19.81	.103	45.75	2.04	
@PHARMACY	40,669	288,824	\$	12,382,830.27	\$ 42.87	3.036	\$ 304.48	\$ 130.17	
PRESCRIPTION DRUGS	40,270	144,833		12,089,005.07	83.47	1.522	300.20	127.08	
SNF/ICF	481	3,130		219,070.34	69.99	.033	455.45	2.30	
OUTPATIENTS	39,843	141,703		11,869,934.73	83.77	1.490	297.92	124.78	
MEDICAL SUPPLIES	2,603	143,991		293,825.20	2.04	1.514	112.88	3.09	
@DENTIST	2,688	10,826	\$	389,140.08	\$ 35.94	.114	\$ 144.77	\$ 4.09	
VISITS - DIAGNOSTIC	1,939	6,751		102,680.14	15.21	.071	52.96	1.08	
ORAL SURGERY	410	1,220		77,440.25	63.48	.013	188.88	.81	
DRUGS	26	27		507.00	18.78	.000	19.50	.01	
ANESTHESIA	99	101		9,150.00	90.59	.001	92.42	.10	
PERIODONTICS	50	68		7,110.00	104.56	.001	142.20	.07	
ENDODONTICS	108	185		23,488.00	126.96	.002	217.48	.25	
RESTORATIVE DENTISTRY	794	2,042		123,299.75	60.38	.021	155.29	1.30	
PROSTHETICS	14	14		360.00	25.71	.000	25.71	.00	
DENTURES, STAYPLATES	113	318		36,089.68	113.49	.003	319.38	.38	
SPACE MAINTAINERS	12	17		1,484.00	87.29	.000	123.67	.02	
MAXILLOFACIAL SERVICES	17	24		3,095.43	128.98	.000	182.08	.03	
FRACTURES, DISLOCATIONS	1	1		800.00	800.00	.000	800.00	.01	
ORTHODONTIC SERVICES	30	43		3,635.83	84.55	.000	121.19	.04	
ALL OTHER SERVICES	16	15		.00	.00	.000	.00	.00	

95,130 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	1,526	4,468	\$ 99,744.07	\$ 22.32	.047	\$ 65.36	\$ 1.05
DIAGNOSTIC AND ANC. PROCED	860	868	40,592.05	46.77	.009	47.20	.43
EYE APPLIANCES	1,213	3,438	56,238.58	16.36	.036	46.36	.59
OTHER OPTOMETRIC SERVICES	120	162	2,913.44	17.98	.002	24.28	.03
@CHIROPRACTOR	119	363	\$ 5,781.22	\$ 15.93	.004	\$ 48.58	\$.06
VISITS	111	349	5,655.54	16.20	.004	50.95	.06
OTHER SERVICES	8	14	125.68	8.98	.000	15.71	.00
@PODIATRIST	224	424	\$ 6,030.45	\$ 14.22	.004	\$ 26.92	\$.06
MEDICINE/INJECTIONS	13	13	405.80	31.22	.000	31.22	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	211	411	5,624.65	13.69	.004	26.66	.06
@HOME HEALTH AGENCY	146	1,402	\$ 74,613.13	\$ 53.22	.015	\$ 511.05	\$.78
NURSE ANESTHESIST	35	158	\$ 641.97	\$ 4.06	.002	\$ 18.34	\$.01
NURSE MIDWIFE	94	449	\$ 17,205.32	\$ 38.32	.005	\$ 183.04	\$.18
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	3	4	\$ 131.38	\$ 32.85	.000	\$ 43.79	\$.00
@TOTAL HOSPITAL	15,233	78,062	\$ 10,623,680.06	\$ 136.09	.821	\$ 697.41	\$ 111.68
HOSP INPATIENT TOTAL	1,135	5,616	8,368,586.69	1490.13	.059	7373.20	87.97
HSC HOSPITALS	113	923	1,423,075.28	1541.79	.010	12593.59	14.96
NON-HSC HOSPITAL TOTAL	736	3,111	6,698,427.11	2153.14	.033	9101.12	70.41
ACCOMMODATIONS	694	3,111	2,317,550.53	744.95	.033	3339.41	24.36
ADMINISTRATIVE DAYS	27	103	21,365.16	207.43	.001	791.30	.22
TRANSITIONAL IP CARE	0	0	302.04	.00	.000	.00	.00
ALL OTHER ACCOM	677	3,008	2,295,883.33	763.26	.032	3391.26	24.13
ANCILLARIES	736	0	4,380,876.58	.00	.000	5952.28	46.05
INPATIENT CROSSOVERS	301	1,582	247,084.30	156.18	.017	820.88	2.60
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	14,728	72,446	2,255,093.37	31.13	.762	153.12	23.71
MEDICAL	6,236	10,639	568,323.07	53.42	.112	91.14	5.97
SURGERY	1,039	1,333	98,185.13	73.66	.014	94.50	1.03
PATHOLOGY	6,146	23,551	304,887.19	12.95	.248	49.61	3.20
RADIOLOGY	3,365	4,825	354,371.68	73.44	.051	105.31	3.73
ROOM USE	6,528	9,548	447,481.52	46.87	.100	68.55	4.70
CROSSOVERS/ALL OTH OUTPTNT	6,854	22,550	481,844.78	21.37	.237	70.30	5.07
@COUNTY HOSPITAL TOTAL	69	324	\$ 36,357.03	\$ 112.21	.003	\$ 526.91	\$.38
CO HOSPITAL INPATIENT TOTAL	5	25	28,610.95	1144.44	.000	5722.19	.30
HSC HOSPITALS	5	25	28,516.45	1140.66	.000	5703.29	.30
NON-HSC HOSPITALS TOTAL	0	0	94.50	.00	.000	.00	.00
ACCOMMODATIONS	0	0	94.50	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	94.50	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	68	299	7,746.08	25.91	.003	113.91	.08
MEDICAL	35	49	1,968.99	40.18	.001	56.26	.02
SURGERY	4	6	186.10	31.02	.000	46.53	.00
PATHOLOGY	22	97	1,383.42	14.26	.001	62.88	.01

RADIOLOGY	11	21	1,110.56	52.88	.000	100.96	.01
ROOM USE	40	50	2,037.65	40.75	.001	50.94	.02
CROSSOVERS/ALL OTH OUTPTNT	32	76	1,059.36	13.94	.001	33.11	.01

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR CASH GRANT

	95,130 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15,177	77,738	\$ 10,587,323.03	\$ 136.19	.817	\$ 697.59	\$ 111.29	
COMM HOSP INPATIENT TOTAL	1,132	5,591	8,339,975.74	1491.68	.059	7367.47	87.67	
HSC HOSPITALS	108	898	1,394,558.83	1552.96	.009	12912.58	14.66	
NON-HSC HOSPITALS TOTAL	736	3,111	6,698,332.61	2153.11	.033	9101.00	70.41	
ACCOMMODATIONS	694	3,111	2,317,456.03	744.92	.033	3339.27	24.36	
ADMINISTRATIVE DAYS	27	103	21,270.66	206.51	.001	787.80	.22	
TRANSITIONAL IP CARE	0	0	302.04	.00	.000	.00	.00	
ALL OTHER ACCOM	677	3,008	2,295,883.33	763.26	.032	3391.26	24.13	
ANCILLARIES	736	0	4,380,876.58	.00	.000	5952.28	46.05	
INPATIENT CROSSOVERS	301	1,582	247,084.30	156.18	.017	820.88	2.60	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	14,672	72,147	2,247,347.29	31.15	.758	153.17	23.62	
MEDICAL	6,204	10,590	566,354.08	53.48	.111	91.29	5.95	
SURGERY	1,035	1,327	97,999.03	73.85	.014	94.69	1.03	
PATHOLOGY	6,127	23,454	303,503.77	12.94	.247	49.54	3.19	
RADIOLOGY	3,356	4,804	353,261.12	73.53	.050	105.26	3.71	
ROOM USE	6,494	9,498	445,443.87	46.90	.100	68.59	4.68	
CROSSOVERS/ALL OTH OUTPTNT	6,826	22,474	480,785.42	21.39	.236	70.43	5.05	
@STATE HOSPITAL	2	59	\$ 26,031.70	\$ 441.22	.001	\$ 13015.85	\$.27	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	2	59	26,031.70	441.22	.001	13015.85	.27	
@NURSING FACILITY	361	9,975	\$ 1,588,003.24	\$ 159.20	.105	\$ 4398.90	\$ 16.69	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	3	91	11,004.63	120.93	.001	3668.21	.12	
LEV B-SUBACUTE FREESTANDING	12	456	262,077.99	574.73	.005	21839.83	2.75	
LEV B-SUBACUTE HSPTL BASED	8	242	149,873.08	619.31	.003	18734.14	1.58	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	339	9,186	1,165,047.54	126.83	.097	3436.72	12.25	
@INTERMEDIATE CARE FACIL.-DD	96	2,920	\$ 460,119.00	\$ 157.58	.031	\$ 4792.91	\$ 4.84	
ICF DDH	72	2,190	326,682.30	149.17	.023	4537.25	3.43	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	24	730	133,436.70	182.79	.008	5559.86	1.40	
@HEMODIALYSIS TOTAL	230	2,131	\$ 165,004.33	\$ 77.43	.022	\$ 717.41	\$ 1.73	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	230	2,131	165,004.33	77.43	.022	717.41	1.73	
@REHABILITATION FACILITY	113	1,347	\$ 17,879.01	\$ 13.27	.014	\$ 158.22	\$.19	
HOSPITAL BASED	5	11	343.09	31.19	.000	68.62	.00	
INDEPENDENT FACILITY	108	1,336	17,535.92	13.13	.014	162.37	.18	
@LABORATORY FACILITY	2,426	9,074	\$ 136,844.10	\$ 15.08	.095	\$ 56.41	\$ 1.44	
PATHOLOGY	2,421	9,065	136,714.68	15.08	.095	56.47	1.44	
XO AND OTHERS	5	9	129.42	14.38	.000	25.88	.00	
@ORGANIZED OUTPATIENT CLINIC	32,821	72,186	\$ 6,440,940.13	\$ 89.23	.759	\$ 196.24	\$ 67.71	
CLINIC	615	2,104	51,790.37	24.62	.022	84.21	.54	
SURGICENTER	207	673	28,569.85	42.45	.007	138.02	.30	
HEROIN DETOX CLINIC	4	35	446.89	12.77	.000	111.72	.00	
RURAL HEALTH CLINIC	32,337	69,374	6,360,133.02	91.68	.729	196.68	66.86	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,708

95,130 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	11,657	400,975	\$ 2,754,968.47	\$ 6.87	4.215	\$ 236.34	\$ 28.96
DURABLE MED. EQUIP.	893	4,298	548,796.06	127.69	.045	614.55	5.77
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	82	137	15,026.57	109.68	.001	183.25	.16
MEDICAL TRANSPORTATION	1,089	57,901	457,861.55	7.91	.609	420.44	4.81
AMBULANCES/AIR TRANS	724	14,015	225,786.13	16.11	.147	311.86	2.37
OTHER TRANS	106	38,651	83,130.47	2.15	.406	784.25	.87
OTHER SERVICES	340	5,235	148,944.95	28.45	.055	438.07	1.57
ACUPUNCTURE	1,790	4,541	77,599.56	17.09	.048	43.35	.82
ADULT DAY HEALTH CARE CTR	261	2,898	192,310.06	66.36	.030	736.82	2.02
GENETIC DISEASE TESTING	92	92	6,428.00	69.87	.001	69.87	.07
IHMC,MODEL-NF,NF,AIDS,MSSP	1,584	12,655	715,099.86	56.51	.133	451.45	7.52
OCCUPATIONAL THERAPIST	8	63	907.01	14.40	.001	113.38	.01
OPTICIAN	1,547	3,801	45,232.26	11.90	.040	29.24	.48
PHYSICAL THERAPIST	371	3,303	52,026.85	15.75	.035	140.23	.55
PORTABLE X-RAY	2	4	135.28	33.82	.000	67.64	.00
PROSTHETIST/ORTHOTISTS	159	502	66,704.27	132.88	.005	419.52	.70
PROSTHETICS	126	464	64,524.49	139.06	.005	512.10	.68
ORTHOTICS	33	38	2,179.78	57.36	.000	66.05	.02
PSYCHOLOGIST	16	36	2,684.56	74.57	.000	167.79	.03
SPEECH AND AUDIOLOGY	297	906	67,359.39	74.35	.010	226.80	.71
HOSPICE SERVICES	2	25	2,809.61	112.38	.000	1404.81	.03
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,645	26,691	302,440.03	11.33	.281	114.34	3.18
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	2,297	283,122		201,547.55		.71	2.976	87.74	2.12
@CALIF. CHILDREN SERVICES*	825	10,404	\$	1,460,443.56	\$	140.37	.109	\$ 1770.23	\$ 15.35
@XOVER EXCLUDING STATE HOSP**	6,217	53,386	\$	855,344.16	\$	16.02	.561	\$ 137.58	\$ 8.99

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,709
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS	AID CODES 47 69

1,846 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	827	2,302	\$ 169,827.53	\$ 73.77	1.247	\$ 205.35	\$ 92.00
@PHYSICIANS SERVICES	90	244	\$ 14,320.38	\$ 58.69	.132	\$ 159.12	\$ 7.76
OUTPATIENT VISITS	34	39	1,245.17	31.93	.021	36.62	.67
OFFICE VISITS	33	36	1,107.84	30.77	.020	33.57	.60
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	3	137.33	45.78	.002	68.67	.07
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	27	80	5,860.46	73.26	.043	217.05	3.17
HOSPITAL VISITS	25	70	3,821.88	54.60	.038	152.88	2.07
CRITICAL CARE	3	10	2,038.58	203.86	.005	679.53	1.10
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	43.34	43.34	.001	43.34	.02
EXAMINATIONS	1	1	43.34	43.34	.001	43.34	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	39	5,505.30	141.16	.021	917.55	2.98
PRINCIPAL SURGEON	3	4	3,895.06	973.77	.002	1298.35	2.11
ASSISTANT SURGEON	1	1	584.60	584.60	.001	584.60	.32
ANESTHESIOLOGIST	3	34	1,025.64	30.17	.018	341.88	.56
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	5.62	1.87	.002	5.62	.00
RADIOLOGY	25	33	491.68	14.90	.018	19.67	.27
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	9	49	1,168.81	23.85	.027	129.87	.63
@PHARMACY	339	561	\$ 9,247.25	\$ 16.48	.304	\$ 27.28	\$ 5.01
PRESCRIPTION DRUGS	335	554	9,185.18	16.58	.300	27.42	4.98
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	335	554	9,185.18	16.58	.300	27.42	4.98
MEDICAL SUPPLIES	7	7	62.07	8.87	.004	8.87	.03
@DENTIST	1	1	\$ 25.00	\$ 25.00	.001	\$ 25.00	\$.01
VISITS - DIAGNOSTIC	1	1	25.00	25.00	.001	25.00	.01
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,710
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

1,846 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	1	\$ 10.77	\$ 10.77	.001	\$ 10.77	\$.01
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	1	10.77	10.77	.001	10.77	.01
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	16	25	\$ 853.30	\$ 34.13	.014	\$ 53.33	\$.46
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	127	456	\$ 78,650.13	\$ 172.48	.247	\$ 619.29	\$ 42.61
HOSP INPATIENT TOTAL	10	38	65,354.58	1719.86	.021	6535.46	35.40
HSC HOSPITALS	3	23	37,812.00	1644.00	.012	12604.00	20.48
NON-HSC HOSPITAL TOTAL	7	15	27,542.58	1836.17	.008	3934.65	14.92
ACCOMMODATIONS	7	15	16,076.48	1071.77	.008	2296.64	8.71
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	15	16,076.48	1071.77	.008	2296.64	8.71
ANCILLARIES	7	0	11,466.10	.00	.000	1638.01	6.21
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	123	418	13,295.55	31.81	.226	108.09	7.20
MEDICAL	84	121	6,238.60	51.56	.066	74.27	3.38
SURGERY	1	1	207.55	207.55	.001	207.55	.11
PATHOLOGY	35	118	1,248.82	10.58	.064	35.68	.68
RADIOLOGY	24	25	873.79	34.95	.014	36.41	.47
ROOM USE	82	91	3,959.87	43.52	.049	48.29	2.15
CROSSOVERS/ALL OTH OUTPTNT	53	62	766.92	12.37	.034	14.47	.42
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,711
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS						AID CODES 47 69
					----- MONTHLY AVERAGE -----		
1,846 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	127	456	\$ 78,650.13	\$ 172.48	.247	\$ 619.29	\$ 42.61
COMM HOSP INPATIENT TOTAL	10	38	65,354.58	1719.86	.021	6535.46	35.40
HSC HOSPITALS	3	23	37,812.00	1644.00	.012	12604.00	20.48
NON-HSC HOSPITALS TOTAL	7	15	27,542.58	1836.17	.008	3934.65	14.92
ACCOMMODATIONS	7	15	16,076.48	1071.77	.008	2296.64	8.71
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	15	16,076.48	1071.77	.008	2296.64	8.71
ANCILLARIES	7	0	11,466.10	.00	.000	1638.01	6.21
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	123	418	13,295.55	31.81	.226	108.09	7.20
MEDICAL	84	121	6,238.60	51.56	.066	74.27	3.38
SURGERY	1	1	207.55	207.55	.001	207.55	.11
PATHOLOGY	35	118	1,248.82	10.58	.064	35.68	.68
RADIOLOGY	24	25	873.79	34.95	.014	36.41	.47
ROOM USE	82	91	3,959.87	43.52	.049	48.29	2.15
CROSSOVERS/ALL OTH OUTPTNT	53	62	766.92	12.37	.034	14.47	.42
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	7	14	\$ 120.84	\$ 8.63	.008	\$ 17.26	\$.07
PATHOLOGY	7	14	120.84	8.63	.008	17.26	.07
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	549	858	\$	62,769.63	\$	73.16	.465	\$	114.33	\$	34.00
CLINIC	8	13		723.43		55.65	.007		90.43		.39
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	542	845		62,046.20		73.43	.458		114.48		33.61

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,712
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

	1,846 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	17		142	\$ 3,830.23	\$ 26.97	.077	\$ 225.31	\$ 2.07
DURABLE MED. EQUIP.	4		4	399.96	99.99	.002	99.99	.22
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2		112	2,973.66	26.55	.061	1486.83	1.61
AMBULANCES/AIR TRANS	2		111	1,698.66	15.30	.060	849.33	.92
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	1		1	1,275.00	1275.00	.001	1275.00	.69
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	4		4	179.00	44.75	.002	44.75	.10
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	1		4	49.72	12.43	.002	49.72	.03
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3		9	139.66	15.52	.005	46.55	.08
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3		9	88.23	9.80	.005	29.41	.05
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0		0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	20		122	\$ 47,561.42	\$ 389.85	.066	\$ 2378.07	\$ 25.76
@XOVER EXCLUDING STATE HOSP**	0		0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,713
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT	AID CODES 44 48 49

	2,326 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,893		17,675	\$ 1,313,679.95	\$ 74.32	7.599	\$ 693.97	\$ 564.78
@PHYSICIANS SERVICES	771		2,099	\$ 189,830.19	\$ 90.44	.902	\$ 246.21	\$ 81.61
OUTPATIENT VISITS	140		182	14,971.12	82.26	.078	106.94	6.44
OFFICE VISITS	7		9	278.13	30.90	.004	39.73	.12
HOME VISITS	0		0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3		3	128.13	42.71	.001	42.71	.06

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	131	170	14,564.86	85.68	.073	111.18	6.26
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	170	376	23,544.19	62.62	.162	138.50	10.12
HOSPITAL VISITS	165	312	13,473.98	43.19	.134	81.66	5.79
CRITICAL CARE	11	64	10,070.21	157.35	.028	915.47	4.33
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	174	682	117,956.66	172.96	.293	677.91	50.71
PRINCIPAL SURGEON	129	131	105,174.52	802.86	.056	815.31	45.22
ASSISTANT SURGEON	14	14	2,768.50	197.75	.006	197.75	1.19
ANESTHESIOLOGIST	56	537	10,013.64	18.65	.231	178.82	4.31
OUTPATIENT SURGERY	68	193	8,160.35	42.28	.083	120.01	3.51
PRINCIPAL SURGEON	47	62	5,419.16	87.41	.027	115.30	2.33
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	25	131	2,741.19	20.93	.056	109.65	1.18
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	170	262	6,409.25	24.46	.113	37.70	2.76
RADIOLOGY	262	311	11,834.29	38.05	.134	45.17	5.09
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	9	18	546.23	30.35	.008	60.69	.23
OTHER SERVICES/ALL X-OVERS	66	75	6,408.10	85.44	.032	97.09	2.75
@PHARMACY	468	842	\$ 25,772.02	\$ 30.61	.362	\$ 55.07	\$ 11.08
PRESCRIPTION DRUGS	438	728	19,211.11	26.39	.313	43.86	8.26
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	438	728	19,211.11	26.39	.313	43.86	8.26
MEDICAL SUPPLIES	59	114	6,560.91	57.55	.049	111.20	2.82
@DENTIST	4	15	\$ 57.00	\$ 3.80	.006	\$ 14.25	\$.02
VISITS - DIAGNOSTIC	4	14	57.00	4.07	.006	14.25	.02
ORAL SURGERY	1	1	.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,714
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

2,326 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	34	45	\$ 1,736.33	\$ 38.59	.019	\$ 51.07	\$.75
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	62	1,017	\$ 22,122.29	\$ 21.75	.437	\$ 356.81	\$ 9.51
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	1,114	8,479	\$ 966,265.31	\$ 113.96	3.645	\$ 867.38	\$ 415.42
HOSP INPATIENT TOTAL	189	604	816,773.38	1352.27	.260	4321.55	351.15
HSC HOSPITALS	4	32	51,369.00	1605.28	.014	12842.25	22.08
NON-HSC HOSPITAL TOTAL	186	572	765,404.38	1338.12	.246	4115.08	329.06
ACCOMMODATIONS	163	572	350,207.89	612.25	.246	2148.51	150.56
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	163	572	350,207.89	612.25	.246	2148.51	150.56
ANCILLARIES	186	0	415,196.49	.00	.000	2232.24	178.50
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,032	7,875	149,491.93	18.98	3.386	144.86	64.27
MEDICAL	148	189	11,751.95	62.18	.081	79.41	5.05
SURGERY	79	106	4,732.01	44.64	.046	59.90	2.03
PATHOLOGY	597	1,990	20,287.49	10.19	.856	33.98	8.72
RADIOLOGY	144	172	9,871.82	57.39	.074	68.55	4.24
ROOM USE	433	799	29,037.57	36.34	.344	67.06	12.48
CROSSOVERS/ALL OTH OUTPTNT	478	4,619	73,811.09	15.98	1.986	154.42	31.73
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,715
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	2,326 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,114	8,479	\$	966,265.31	\$ 113.96	3.645	\$ 867.38	\$ 415.42
COMM HOSP INPATIENT TOTAL	189	604		816,773.38	1352.27	.260	4321.55	351.15
HSC HOSPITALS	4	32		51,369.00	1605.28	.014	12842.25	22.08
NON-HSC HOSPITALS TOTAL	186	572		765,404.38	1338.12	.246	4115.08	329.06
ACCOMMODATIONS	163	572		350,207.89	612.25	.246	2148.51	150.56
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	163	572		350,207.89	612.25	.246	2148.51	150.56
ANCILLARIES	186	0		415,196.49	.00	.000	2232.24	178.50
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,032	7,875		149,491.93	18.98	3.386	144.86	64.27
MEDICAL	148	189		11,751.95	62.18	.081	79.41	5.05
SURGERY	79	106		4,732.01	44.64	.046	59.90	2.03
PATHOLOGY	597	1,990		20,287.49	10.19	.856	33.98	8.72
RADIOLOGY	144	172		9,871.82	57.39	.074	68.55	4.24
ROOM USE	433	799		29,037.57	36.34	.344	67.06	12.48
CROSSOVERS/ALL OTH OUTPTNT	478	4,619		73,811.09	15.98	1.986	154.42	31.73
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	252	508	\$	11,313.67	\$	22.27	.218	\$	44.90	\$	4.86
PATHOLOGY	252	508		11,313.67		22.27	.218		44.90		4.86
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	368	753	\$	58,764.23	\$	78.04	.324	\$	159.69	\$	25.26
CLINIC	17	87		3,159.54		36.32	.037		185.86		1.36
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	351	666		55,604.69		83.49	.286		158.42		23.91
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 6,716
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49										

						----- MONTHLY AVERAGE -----		
2,326 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	194	3,917	\$ 37,818.91	\$ 9.66	1.684	\$ 194.94	\$ 16.26	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	14	572	20,987.35	36.69	.246	1499.10	9.02	
AMBULANCES/AIR TRANS	14	565	9,962.35	17.63	.243	711.60	4.28	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	7	7	11,025.00	1575.00	.003	1575.00	4.74	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	165	166	14,089.00	84.87	.071	85.39	6.06	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	0	0	.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	2	21	274.30	13.06	.009	137.15	.12	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	6	8	512.48	64.06	.003	85.41	.22	
PROSTHETICS	2	4	157.72	39.43	.002	78.86	.07	
ORTHOTICS	4	4	354.76	88.69	.002	88.69	.15	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	11	3,150	1,955.78	.62	1.354	177.80	.84	
@CALIF. CHILDREN SERVICES*	6	34	\$ 8,632.75	\$ 253.90	.015	\$ 1438.79	\$ 3.71	
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 6,717
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76										

15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	37	95	\$	5,075.17	\$	53.42	6.333	\$	137.17	\$	338.34
@PHYSICIANS SERVICES	5	13	\$	994.39	\$	76.49	.867	\$	198.88	\$	66.29
OUTPATIENT VISITS	0	0		5.98		.00	.000		.00		.40
OFFICE VISITS	0	0		5.98		.00	.000		.00		.40
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	2	8		839.76		104.97	.533		419.88		55.98
PRINCIPAL SURGEON	2	2		717.73		358.87	.133		358.87		47.85
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	6		122.03		20.34	.400		122.03		8.14
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	2		62.46		31.23	.133		31.23		4.16
RADIOLOGY	3	3		73.93		24.64	.200		24.64		4.93
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		12.26		.00	.000		.00		.82
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	3	6	\$	330.95	\$	55.16	.400	\$	110.32	\$	22.06
PRESCRIPTION DRUGS	1	2		118.75		59.38	.133		118.75		7.92
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	1	2		118.75		59.38	.133		118.75		7.92
MEDICAL SUPPLIES	2	4		212.20		53.05	.267		106.10		14.15
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 6,718

FEE-FOR-SERVICE/DENTAL

01/17/03

SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM

AID CODE 76

----- MONTHLY AVERAGE -----

15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@OPTOMETRIST	3	4	\$	100.47	\$	25.12	.267	\$	33.49	\$	6.70
DIAGNOSTIC AND ANC. PROCED	1	1		47.41		47.41	.067		47.41		3.16
EYE APPLIANCES	2	3		53.06		17.69	.200		26.53		3.54
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	17	44	\$	1,531.15	\$	34.80	2.933	\$	90.07	\$	102.08
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	17	44		1,531.15		34.80	2.933		90.07		102.08
MEDICAL	7	9		609.79		67.75	.600		87.11		40.65
SURGERY	1	1		74.69		74.69	.067		74.69		4.98
PATHOLOGY	7	14		148.13		10.58	.933		21.16		9.88

RADIOLOGY	2	2	81.95	40.98	.133	40.98	5.46
ROOM USE	10	10	369.90	36.99	.667	36.99	24.66
CROSSOVERS/ALL OTH OUTPTNT	5	8	246.69	30.84	.533	49.34	16.45
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,719
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM						AID CODE 76

15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	17	44	\$ 1,531.15	\$ 34.80	2.933	\$ 90.07	\$ 102.08
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	17	44	1,531.15	34.80	2.933	90.07	102.08
MEDICAL	7	9	609.79	67.75	.600	87.11	40.65
SURGERY	1	1	74.69	74.69	.067	74.69	4.98
PATHOLOGY	7	14	148.13	10.58	.933	21.16	9.88
RADIOLOGY	2	2	81.95	40.98	.133	40.98	5.46
ROOM USE	10	10	369.90	36.99	.667	36.99	24.66
CROSSOVERS/ALL OTH OUTPTNT	5	8	246.69	30.84	.533	49.34	16.45
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	7	11	\$ 264.43	\$ 24.04	.733	\$ 37.78	\$ 17.63
PATHOLOGY	7	11	264.43	24.04	.733	37.78	17.63
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	12	17	\$ 1,853.78	\$ 109.05	1.133	\$ 154.48	\$ 123.59
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	12	17	1,853.78	109.05	1.133	154.48	123.59
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,720
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM						AID CODE 76

15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

4,187 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,757	20,072	\$ 1,488,582.65	\$ 74.16	4.794	\$ 539.93	\$ 355.52
@PHYSICIANS SERVICES	866	2,356	\$ 205,144.96	\$ 87.07	.563	\$ 236.89	\$ 49.00
OUTPATIENT VISITS	174	221	16,222.27	73.40	.053	93.23	3.87
OFFICE VISITS	40	45	1,391.95	30.93	.011	34.80	.33
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	6	265.46	44.24	.001	53.09	.06
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	131	170	14,564.86	85.68	.041	111.18	3.48
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	197	456	29,404.65	64.48	.109	149.26	7.02
HOSPITAL VISITS	190	382	17,295.86	45.28	.091	91.03	4.13
CRITICAL CARE	14	74	12,108.79	163.63	.018	864.91	2.89
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	43.34	43.34	.000	43.34	.01
EXAMINATIONS	1	1	43.34	43.34	.000	43.34	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	180	721	123,461.96	171.24	.172	685.90	29.49
PRINCIPAL SURGEON	132	135	109,069.58	807.92	.032	826.28	26.05
ASSISTANT SURGEON	15	15	3,353.10	223.54	.004	223.54	.80
ANESTHESIOLOGIST	59	571	11,039.28	19.33	.136	187.11	2.64
OUTPATIENT SURGERY	70	201	9,000.11	44.78	.048	128.57	2.15
PRINCIPAL SURGEON	49	64	6,136.89	95.89	.015	125.24	1.47
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	26	137	2,863.22	20.90	.033	110.12	.68
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	173	267	6,477.33	24.26	.064	37.44	1.55
RADIOLOGY	290	347	12,399.90	35.73	.083	42.76	2.96
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	9	18	558.49	31.03	.004	62.05	.13
OTHER SERVICES/ALL X-OVERS	75	124	7,576.91	61.10	.030	101.03	1.81
@PHARMACY	810	1,409	\$ 35,350.22	\$ 25.09	.337	\$ 43.64	\$ 8.44
PRESCRIPTION DRUGS	774	1,284	28,515.04	22.21	.307	36.84	6.81
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	774	1,284	28,515.04	22.21	.307	36.84	6.81
MEDICAL SUPPLIES	68	125	6,835.18	54.68	.030	100.52	1.63
@DENTIST	5	16	\$ 82.00	\$ 5.13	.004	\$ 16.40	\$.02
VISITS - DIAGNOSTIC	5	15	82.00	5.47	.004	16.40	.02
ORAL SURGERY	1	1	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

4,187 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG		COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4			5	\$	111.24	\$ 22.25	.001	\$	27.81	\$.03
DIAGNOSTIC AND ANC. PROCED	1			1		47.41	47.41	.000		47.41	.01
EYE APPLIANCES	3			4		63.83	15.96	.001		21.28	.02
OTHER OPTOMETRIC SERVICES	0			0		.00	.00	.000		.00	.00
@CHIROPRACTOR	0			0	\$	.00	\$.00	.000	\$	.00	\$.00
VISITS	0			0		.00	.00	.000		.00	.00
OTHER SERVICES	0			0		.00	.00	.000		.00	.00
@PODIATRIST	0			0	\$	.00	\$.00	.000	\$	.00	\$.00
MEDICINE/INJECTIONS	0			0		.00	.00	.000		.00	.00
SURGERY/ANES.	0			0		.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0			0		.00	.00	.000		.00	.00
OTHER	0			0		.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	34			45	\$	1,736.33	\$ 38.59	.011	\$	51.07	\$.41
NURSE ANESTHESIST	0			0	\$	.00	\$.00	.000	\$	.00	\$.00
NURSE MIDWIFE	78			1,042	\$	22,975.59	\$ 22.05	.249	\$	294.56	\$ 5.49
PEDIATRIC NURSE PRACTITIONER	0			0	\$	.00	\$.00	.000	\$	.00	\$.00
FAMILY NURSE PRACTITIONER	0			0	\$	.00	\$.00	.000	\$	.00	\$.00
@TOTAL HOSPITAL	1,258			8,979	\$	1,046,446.59	\$ 116.54	2.144	\$	831.83	\$ 249.93
HOSP INPATIENT TOTAL	199			642		882,127.96	1374.03	.153		4432.80	210.68
HSC HOSPITALS	7			55		89,181.00	1621.47	.013		12740.14	21.30
NON-HSC HOSPITAL TOTAL	193			587		792,946.96	1350.85	.140		4108.53	189.38
ACCOMMODATIONS	170			587		366,284.37	623.99	.140		2154.61	87.48
ADMINISTRATIVE DAYS	0			0		.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0			0		.00	.00	.000		.00	.00
ALL OTHER ACCOM	170			587		366,284.37	623.99	.140		2154.61	87.48
ANCILLARIES	193			0		426,662.59	.00	.000		2210.69	101.90
INPATIENT CROSSOVERS	0			0		.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0			0		.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	1,172			8,337		164,318.63	19.71	1.991		140.20	39.24
MEDICAL	239			319		18,600.34	58.31	.076		77.83	4.44
SURGERY	81			108		5,014.25	46.43	.026		61.90	1.20
PATHOLOGY	639			2,122		21,684.44	10.22	.507		33.93	5.18
RADIOLOGY	170			199		10,827.56	54.41	.048		63.69	2.59
ROOM USE	525			900		33,367.34	37.07	.215		63.56	7.97
CROSSOVERS/ALL OTH OUTPTNT	536			4,689		74,824.70	15.96	1.120		139.60	17.87
@COUNTY HOSPITAL TOTAL	0			0	\$	.00	\$.00	.000	\$	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0			0		.00	.00	.000		.00	.00
HSC HOSPITALS	0			0		.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0			0		.00	.00	.000		.00	.00
ACCOMMODATIONS	0			0		.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0			0		.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0			0		.00	.00	.000		.00	.00
ALL OTHER ACCOM	0			0		.00	.00	.000		.00	.00
ANCILLARIES	0			0		.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0			0		.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0			0		.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	0			0		.00	.00	.000		.00	.00
MEDICAL	0			0		.00	.00	.000		.00	.00
SURGERY	0			0		.00	.00	.000		.00	.00
PATHOLOGY	0			0		.00	.00	.000		.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,723
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
4,187 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	1,258	8,979	\$ 1,046,446.59	\$ 116.54	2.144	\$ 831.83	\$ 249.93
COMM HOSP INPATIENT TOTAL	199	642	882,127.96	1374.03	.153	4432.80	210.68
HSC HOSPITALS	7	55	89,181.00	1621.47	.013	12740.14	21.30
NON-HSC HOSPITALS TOTAL	193	587	792,946.96	1350.85	.140	4108.53	189.38
ACCOMMODATIONS	170	587	366,284.37	623.99	.140	2154.61	87.48
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	170	587	366,284.37	623.99	.140	2154.61	87.48
ANCILLARIES	193	0	426,662.59	.00	.000	2210.69	101.90
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,172	8,337	164,318.63	19.71	1.991	140.20	39.24
MEDICAL	239	319	18,600.34	58.31	.076	77.83	4.44
SURGERY	81	108	5,014.25	46.43	.026	61.90	1.20
PATHOLOGY	639	2,122	21,684.44	10.22	.507	33.93	5.18
RADIOLOGY	170	199	10,827.56	54.41	.048	63.69	2.59
ROOM USE	525	900	33,367.34	37.07	.215	63.56	7.97
CROSSOVERS/ALL OTH OUTPTNT	536	4,689	74,824.70	15.96	1.120	139.60	17.87
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	266	533	\$ 11,698.94	\$ 21.95	.127	\$ 43.98	\$ 2.79
PATHOLOGY	266	533	11,698.94	21.95	.127	43.98	2.79
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	929	1,628	\$ 123,387.64	\$ 75.79	.389	\$ 132.82	\$ 29.47
CLINIC	25	100	3,882.97	38.83	.024	155.32	.93
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	905	1,528	119,504.67	78.21	.365	132.05	28.54
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
MOP024	FEE-FOR-SERVICE/DENTAL						
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76						

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	4,187 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	211	4,059	\$	41,649.14	\$ 10.26	.969	\$ 197.39	\$ 9.95
DURABLE MED. EQUIP.	4	4		399.96	99.99	.001	99.99	.10
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	16	684		23,961.01	35.03	.163	1497.56	5.72
AMBULANCES/AIR TRANS	16	676		11,661.01	17.25	.161	728.81	2.79
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	8	8		12,300.00	1537.50	.002	1537.50	2.94
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	169	170		14,268.00	83.93	.041	84.43	3.41
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1	4		49.72	12.43	.001	49.72	.01
PHYSICAL THERAPIST	2	21		274.30	13.06	.005	137.15	.07
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6	8		512.48	64.06	.002	85.41	.12
PROSTHETICS	2	4		157.72	39.43	.001	78.86	.04
ORTHOTICS	4	4		354.76	88.69	.001	88.69	.08
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	9		139.66	15.52	.002	46.55	.03
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	9		88.23	9.80	.002	29.41	.02
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	11	3,150		1,955.78		.62	.752	177.80	.47
@CALIF. CHILDREN SERVICES*	26	156	\$	56,194.17	\$	360.22	.037	\$ 2161.31	\$ 13.42
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MENDOCINO COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

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1,303 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	1,149	21,894	\$ 554,208.86	\$ 25.31	16.803	\$	482.34	\$ 425.33
@PHYSICIANS SERVICES	258	639	\$ 7,129.04	\$ 11.16	.490	\$	27.63	\$ 5.47
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	258	639	7,129.04	11.16	.490		27.63	5.47
@PHARMACY	970	12,441	\$ 288,395.66	\$ 23.18	9.548	\$	297.32	\$ 221.33
PRESCRIPTION DRUGS	963	3,858	274,804.25	71.23	2.961		285.36	210.90
SNF/ICF	17	80	3,775.35	47.19	.061		222.08	2.90
OUTPATIENTS	948	3,778	271,028.90	71.74	2.899		285.90	208.00
MEDICAL SUPPLIES	116	8,583	13,591.41	1.58	6.587		117.17	10.43
@DENTIST	35	78	\$ 4,759.00	\$ 61.01	.060	\$	135.97	\$ 3.65
VISITS - DIAGNOSTIC	24	48	869.00	18.10	.037		36.21	.67
ORAL SURGERY	1	3	256.00	85.33	.002		256.00	.20
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00
PERIODONTICS	0	0	.00	.00	.000		.00	.00
ENDODONTICS	1	1	260.00	260.00	.001		260.00	.20
RESTORATIVE DENTISTRY	12	18	2,124.00	118.00	.014		177.00	1.63
PROSTHETICS	1	1	30.00	30.00	.001		30.00	.02

DENTURES, STAYPLATES	4	6	1,220.00	203.33	.005	305.00	.94
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,726
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED						AID CODE 16
					----- MONTHLY AVERAGE -----		
1,303 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	25	71	\$ 1,410.17	\$ 19.86	.054	\$ 56.41	\$ 1.08
DIAGNOSTIC AND ANC. PROCED	9	9	427.05	47.45	.007	47.45	.33
EYE APPLIANCES	21	56	905.14	16.16	.043	43.10	.69
OTHER OPTOMETRIC SERVICES	4	6	77.98	13.00	.005	19.50	.06
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	24	26	\$ 415.65	\$ 15.99	.020	\$ 17.32	\$.32
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	24	26	415.65	15.99	.020	17.32	.32
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	3	25	\$ 36.98	\$ 1.48	.019	\$ 12.33	\$.03
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	142	463	\$ 28,673.39	\$ 61.93	.355	\$ 201.93	\$ 22.01
HOSP INPATIENT TOTAL	29	112	21,143.51	188.78	.086	729.09	16.23
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	29	112	21,143.51	188.78	.086	729.09	16.23
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	124	351	7,529.88	21.45	.269	60.72	5.78
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	124	351	7,529.88	21.45	.269	60.72	5.78
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,727
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

1,303 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	142	463	\$ 28,673.39	\$ 61.93	.355	\$ 201.93	\$ 22.01
COMM HOSP INPATIENT TOTAL	29	112	21,143.51	188.78	.086	729.09	16.23
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	29	112	21,143.51	188.78	.086	729.09	16.23
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	124	351	7,529.88	21.45	.269	60.72	5.78
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	124	351	7,529.88	21.45	.269	60.72	5.78
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	35	441	\$ 64,796.64	\$ 146.93	.338	\$ 1851.33	\$ 49.73
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	35	441	64,796.64	146.93	.338	1851.33	49.73
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	12	12	\$ 4,985.73	\$ 415.48	.009	\$ 415.48	\$ 3.83
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	12	12	4,985.73	415.48	.009	415.48	3.83
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	479	778	\$	26,373.39	\$	33.90	.597	\$	55.06	\$	20.24
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	1		78.00		78.00	.001		78.00		.06
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	478	777		26,295.39		33.84	.596		55.01		20.18

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,728
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

1,303 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	385	6,920	\$ 127,233.21	\$ 18.39	5.311	\$ 330.48	\$ 97.65
DURABLE MED. EQUIP.	29	88	15,690.61	178.30	.068	541.06	12.04
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	10	806.78	80.68	.008	134.46	.62
MEDICAL TRANSPORTATION	46	3,753	12,576.68	3.35	2.880	273.41	9.65
AMBULANCES/AIR TRANS	3	11	281.25	25.57	.008	93.75	.22
OTHER TRANS	16	3,474	9,733.19	2.80	2.666	608.32	7.47
OTHER SERVICES	27	268	2,562.24	9.56	.206	94.90	1.97
ACUPUNCTURE	23	58	973.19	16.78	.045	42.31	.75
ADULT DAY HEALTH CARE CTR	17	149	9,946.21	66.75	.114	585.07	7.63
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	190	2,259	70,223.36	31.09	1.734	369.60	53.89
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	29	83	1,196.89	14.42	.064	41.27	.92
PHYSICAL THERAPIST	5	15	25.95	1.73	.012	5.19	.02
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	2	4.47	2.24	.002	4.47	.00
SPEECH AND AUDIOLOGY	32	72	7,625.89	105.92	.055	238.31	5.85

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	148	431	8,163.18	18.94	.331	55.16	6.26
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	481	3,881	\$ 70,499.81	\$ 18.17	2.979	\$ 146.57	\$ 54.11

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,729
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND	AID CODES 26 6A	

25 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	24	184	\$ 12,867.16	\$ 69.93	7.360	\$ 536.13	\$ 514.69
@PHYSICIANS SERVICES	3	4	\$ 52.04	\$ 13.01	.160	\$ 17.35	\$ 2.08
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	4	52.04	13.01	.160	17.35	2.08
@PHARMACY	22	99	\$ 7,305.44	\$ 73.79	3.960	\$ 332.07	\$ 292.22
PRESCRIPTION DRUGS	22	99	7,305.44	73.79	3.960	332.07	292.22
SNF/ICF	10	37	1,851.89	50.05	1.480	185.19	74.08
OUTPATIENTS	17	62	5,453.55	87.96	2.480	320.80	218.14
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,730
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

25 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	2	6 \$	44.79	\$ 7.47	.240	\$ 22.40	\$ 1.79
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	5	9 \$	326.11	\$ 36.23	.360	\$ 65.22	\$ 13.04
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5	9	326.11	36.23	.360	65.22	13.04
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	5	9	326.11	36.23	.360	65.22	13.04
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,731
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND						AID CODES 26 6A
					----- MONTHLY AVERAGE -----		
25 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	9	\$ 326.11	\$ 36.23	.360	\$ 65.22	\$ 13.04
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	9	326.11	36.23	.360	65.22	13.04
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	5	9	326.11	36.23	.360	65.22	13.04
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	9	21	\$	1,555.27	\$	74.06	.840	\$	172.81	\$	62.21
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	9	21		1,555.27		74.06	.840		172.81		62.21
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 6,732
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A										

25 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	12	45	\$ 3,583.51	\$ 79.63	1.800	\$ 298.63	\$ 143.34
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	2	130.72	65.36	.080	130.72	5.23
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	2	130.72	65.36	.080	130.72	5.23
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	12	43	3,452.79	80.30	1.720	287.73	138.11
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	7	21	\$ 553.66	\$ 26.36	.840	\$ 79.09	\$ 22.15

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 6,733
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C										

993 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE

@TOTAL, ALL PROVIDERS	878	16,310	\$	500,218.66	\$	30.67	16.425	\$	569.73	\$	503.74
@PHYSICIANS SERVICES	170	422	\$	5,163.35	\$	12.24	.425	\$	30.37	\$	5.20
OUTPATIENT VISITS	3	3		146.70		48.90	.003		48.90		.15
OFFICE VISITS	3	3		146.70		48.90	.003		48.90		.15
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	3	6		232.97		38.83	.006		77.66		.23
HOSPITAL VISITS	3	6		232.97		38.83	.006		77.66		.23
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	20		270.67		13.53	.020		270.67		.27
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	20		270.67		13.53	.020		270.67		.27
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	4		193.14		48.29	.004		96.57		.19
RADIOLOGY	4	6		171.31		28.55	.006		42.83		.17
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	162	383		4,148.56		10.83	.386		25.61		4.18
@PHARMACY	719	7,971	\$	357,748.69	\$	44.88	8.027	\$	497.56	\$	360.27
PRESCRIPTION DRUGS	703	3,057		340,721.33		111.46	3.079		484.67		343.12

SNF/ICF	15	40	5,774.32	144.36	.040	384.95	5.82
OUTPATIENTS	688	3,017	334,947.01	111.02	3.038	486.84	337.31
MEDICAL SUPPLIES	112	4,914	17,027.36	3.47	4.949	152.03	17.15
@DENTIST	31	112	\$ 7,241.85	\$ 64.66	.113	\$ 233.61	\$ 7.29
VISITS - DIAGNOSTIC	21	48	822.85	17.14	.048	39.18	.83
ORAL SURGERY	4	20	1,047.00	52.35	.020	261.75	1.05
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	3	5	1,325.00	265.00	.005	441.67	1.33
RESTORATIVE DENTISTRY	12	28	2,836.00	101.29	.028	236.33	2.86
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	11	1,211.00	110.09	.011	403.67	1.22
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

PAGE 6,734 01/17/03

993 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	14	40	\$ 820.24	\$ 20.51	.040	\$ 58.59	\$.83
DIAGNOSTIC AND ANC. PROCED	7	7	332.15	47.45	.007	47.45	.33
EYE APPLIANCES	11	29	479.57	16.54	.029	43.60	.48
OTHER OPTOMETRIC SERVICES	2	4	8.52	2.13	.004	4.26	.01
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	15	16	\$ 169.37	\$ 10.59	.016	\$ 11.29	\$.17
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	15	16	169.37	10.59	.016	11.29	.17
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	2	28.96	14.48	.002	28.96	.03
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	152	545	\$ 33,763.33	\$ 61.95	.549	\$ 222.13	\$ 34.00
HOSP INPATIENT TOTAL	19	99	24,885.68	251.37	.100	1309.77	25.06
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	4	10,679.41	2669.85	.004	10679.41	10.75
ACCOMMODATIONS	1	4	3,955.28	988.82	.004	3955.28	3.98
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	3,955.28	988.82	.004	3955.28	3.98
ANCILLARIES	1	0	6,724.13	.00	.000	6724.13	6.77
INPATIENT CROSSOVERS	18	95	14,206.27	149.54	.096	789.24	14.31
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	144	446	8,877.65	19.91	.449	61.65	8.94
MEDICAL	1	4	197.53	49.38	.004	197.53	.20
SURGERY	0	0	9.77	.00	.000	.00	.01
PATHOLOGY	5	19	306.29	16.12	.019	61.26	.31

RADIOLOGY	1	1	24.15	24.15	.001	24.15	.02
ROOM USE	1	1	72.08	72.08	.001	72.08	.07
CROSSOVERS/ALL OTH OUTPTNT	138	421	8,267.83	19.64	.424	59.91	8.33
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,735
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C						

993 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	152	545	\$ 33,763.33	\$ 61.95	.549	\$ 222.13	\$ 34.00	
COMM HOSP INPATIENT TOTAL	19	99	24,885.68	251.37	.100	1309.77	25.06	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	1	4	10,679.41	2669.85	.004	10679.41	10.75	
ACCOMMODATIONS	1	4	3,955.28	988.82	.004	3955.28	3.98	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1	4	3,955.28	988.82	.004	3955.28	3.98	
ANCILLARIES	1	0	6,724.13	.00	.000	6724.13	6.77	
INPATIENT CROSSOVERS	18	95	14,206.27	149.54	.096	789.24	14.31	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	144	446	8,877.65	19.91	.449	61.65	8.94	
MEDICAL	1	4	197.53	49.38	.004	197.53	.20	
SURGERY	0	0	9.77	.00	.000	.00	.01	
PATHOLOGY	5	19	306.29	16.12	.019	61.26	.31	
RADIOLOGY	1	1	24.15	24.15	.001	24.15	.02	
ROOM USE	1	1	72.08	72.08	.001	72.08	.07	
CROSSOVERS/ALL OTH OUTPTNT	138	421	8,267.83	19.64	.424	59.91	8.33	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	4	39	\$ 5,612.63	\$ 143.91	.039	\$ 1403.16	\$ 5.65	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	4	39	5,612.63	143.91	.039	1403.16	5.65	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	4	\$ 13.89	\$ 3.47	.004	\$ 6.95	\$.01
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	2	4	13.89	3.47	.004	6.95	.01
@ORGANIZED OUTPATIENT CLINIC	402	1,001	\$ 46,878.64	\$ 46.83	1.008	\$ 116.61	\$ 47.21
CLINIC	2	4	59.70	14.93	.004	29.85	.06
SURGICENTER	3	3	194.15	64.72	.003	64.72	.20
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	399	994	46,624.79	46.91	1.001	116.85	46.95

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,736
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

993 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	155	6,158	\$ 42,777.71	\$ 6.95	6.201	\$ 275.99	\$ 43.08
DURABLE MED. EQUIP.	5	19	8,715.42	458.71	.019	1743.08	8.78
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	6.66	6.66	.001	6.66	.01
MEDICAL TRANSPORTATION	21	191	1,838.43	9.63	.192	87.54	1.85
AMBULANCES/AIR TRANS	2	4	243.50	60.88	.004	121.75	.25
OTHER TRANS	1	2	18.95	9.48	.002	18.95	.02
OTHER SERVICES	18	185	1,575.98	8.52	.186	87.55	1.59
ACUPUNCTURE	44	115	1,965.29	17.09	.116	44.67	1.98
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	26	813	25,966.83	31.94	.819	998.72	26.15
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	20	56	746.09	13.32	.056	37.30	.75
PHYSICAL THERAPIST	1	1	24.00	24.00	.001	24.00	.02
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	201.56	100.78	.002	201.56	.20
PROSTHETICS	1	2	201.56	100.78	.002	201.56	.20
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	48.32	24.16	.002	48.32	.05
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	49	4,958	3,265.11	.66	4.993	66.63	3.29
@CALIF. CHILDREN SERVICES*	1	180	\$ 106.20	\$.59	.181	\$ 106.20	\$.11
@XOVER EXCLUDING STATE HOSP**	321	3,120	\$ 37,978.58	\$ 12.17	3.142	\$ 118.31	\$ 38.25

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
MENDOCINO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

PAGE 6,738
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$	.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$	.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$	.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$	.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$	.00	\$.00
@TOTAL HOSPITAL	0	0 \$	.00	\$.00	.000	\$	.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,739
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,740
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00
PROSTHETICS	0	0	.00	.00	.000 .00 .00
ORTHOTICS	0	0	.00	.00	.000 .00 .00
PSYCHOLOGIST	0	0	.00	.00	.000 .00 .00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000 .00 .00
HOSPICE SERVICES	0	0	.00	.00	.000 .00 .00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000 .00 .00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000 .00 .00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000 .00 .00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000 .00 .00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000 .00 .00

ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	.00	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	.00	.000	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 6,741

MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

MENDOCINO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

	2,321 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,051	38,388	\$	1,067,294.68	\$ 27.80	16.539	\$ 520.38	\$ 459.84
@PHYSICIANS SERVICES	431	1,065	\$	12,344.43	\$ 11.59	.459	\$ 28.64	\$ 5.32
OUTPATIENT VISITS	3	3		146.70	48.90	.001	48.90	.06
OFFICE VISITS	3	3		146.70	48.90	.001	48.90	.06
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	3	6		232.97	38.83	.003	77.66	.10
HOSPITAL VISITS	3	6		232.97	38.83	.003	77.66	.10
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	20		270.67	13.53	.009	270.67	.12
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	20		270.67	13.53	.009	270.67	.12
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	4		193.14	48.29	.002	96.57	.08
RADIOLOGY	4	6		171.31	28.55	.003	42.83	.07
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	423	1,026		11,329.64	11.04	.442	26.78	4.88
@PHARMACY	1,711	20,511	\$	653,449.79	\$ 31.86	8.837	\$ 381.91	\$ 281.54
PRESCRIPTION DRUGS	1,688	7,014		622,831.02	88.80	3.022	368.98	268.35
SNF/ICF	42	157		11,401.56	72.62	.068	271.47	4.91
OUTPATIENTS	1,653	6,857		611,429.46	89.17	2.954	369.89	263.43
MEDICAL SUPPLIES	228	13,497		30,618.77	2.27	5.815	134.29	13.19
@DENTIST	66	190	\$	12,000.85	\$ 63.16	.082	\$ 181.83	\$ 5.17
VISITS - DIAGNOSTIC	45	96		1,691.85	17.62	.041	37.60	.73
ORAL SURGERY	5	23		1,303.00	56.65	.010	260.60	.56
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	4	6		1,585.00	264.17	.003	396.25	.68
RESTORATIVE DENTISTRY	24	46		4,960.00	107.83	.020	206.67	2.14
PROSTHETICS	1	1		30.00	30.00	.000	30.00	.01

DENTURES, STAYPLATES	7	17	2,431.00	143.00	.007	347.29	1.05
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREGARD

PAGE 6,742 01/17/03

2,321 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	39	111	\$ 2,230.41	\$ 20.09	.048	\$ 57.19	\$.96
DIAGNOSTIC AND ANC. PROCED	16	16	759.20	47.45	.007	47.45	.33
EYE APPLIANCES	32	85	1,384.71	16.29	.037	43.27	.60
OTHER OPTOMETRIC SERVICES	6	10	86.50	8.65	.004	14.42	.04
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	39	42	\$ 585.02	\$ 13.93	.018	\$ 15.00	\$.25
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	39	42	585.02	13.93	.018	15.00	.25
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	6	33	\$ 110.73	\$ 3.36	.014	\$ 18.46	\$.05
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	299	1,017	\$ 62,762.83	\$ 61.71	.438	\$ 209.91	\$ 27.04
HOSP INPATIENT TOTAL	48	211	46,029.19	218.15	.091	958.94	19.83
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	4	10,679.41	2669.85	.002	10679.41	4.60
ACCOMMODATIONS	1	4	3,955.28	988.82	.002	3955.28	1.70
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	3,955.28	988.82	.002	3955.28	1.70
ANCILLARIES	1	0	6,724.13	.00	.000	6724.13	2.90
INPATIENT CROSSOVERS	47	207	35,349.78	170.77	.089	752.12	15.23
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	273	806	16,733.64	20.76	.347	61.30	7.21
MEDICAL	1	4	197.53	49.38	.002	197.53	.09
SURGERY	0	0	9.77	.00	.000	.00	.00
PATHOLOGY	5	19	306.29	16.12	.008	61.26	.13
RADIOLOGY	1	1	24.15	24.15	.000	24.15	.01
ROOM USE	1	1	72.08	72.08	.000	72.08	.03
CROSSOVERS/ALL OTH OUTPTNT	267	781	16,123.82	20.65	.336	60.39	6.95
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,743
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

	2,321 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	299		1,017	\$ 62,762.83	\$ 61.71	.438	\$ 209.91 \$ 27.04
COMM HOSP INPATIENT TOTAL	48		211	46,029.19	218.15	.091	958.94 19.83
HSC HOSPITALS	0		0	.00	.00	.000	.00 .00
NON-HSC HOSPITALS TOTAL	1		4	10,679.41	2669.85	.002	10679.41 4.60
ACCOMMODATIONS	1		4	3,955.28	988.82	.002	3955.28 1.70
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00 .00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00 .00
ALL OTHER ACCOM	1		4	3,955.28	988.82	.002	3955.28 1.70
ANCILLARIES	1		0	6,724.13	.00	.000	6724.13 2.90
INPATIENT CROSSOVERS	47		207	35,349.78	170.77	.089	752.12 15.23
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00 .00
COMM HOSP OUTPATIENT TOTAL	273		806	16,733.64	20.76	.347	61.30 7.21
MEDICAL	1		4	197.53	49.38	.002	197.53 .09
SURGERY	0		0	9.77	.00	.000	.00 .00
PATHOLOGY	5		19	306.29	16.12	.008	61.26 .13
RADIOLOGY	1		1	24.15	24.15	.000	24.15 .01
ROOM USE	1		1	72.08	72.08	.000	72.08 .03

CROSSOVERS/ALL OTH OUTPTNT	267	781		16,123.82		20.65	.336	60.39	6.95
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	39	480	\$	70,409.27	\$	146.69	.207	\$ 1805.37	\$ 30.34
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	39	480		70,409.27		146.69	.207	1805.37	30.34
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	12	12	\$	4,985.73	\$	415.48	.005	\$ 415.48	\$ 2.15
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	12	12		4,985.73		415.48	.005	415.48	2.15
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	2	4	\$	13.89	\$	3.47	.002	\$ 6.95	\$.01
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	2	4		13.89		3.47	.002	6.95	.01
@ORGANIZED OUTPATIENT CLINIC	890	1,800	\$	74,807.30	\$	41.56	.776	\$ 84.05	\$ 32.23
CLINIC	2	4		59.70		14.93	.002	29.85	.03
SURGICENTER	4	4		272.15		68.04	.002	68.04	.12
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	886	1,792		74,475.45		41.56	.772	84.06	32.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
MOP024	FEE-FOR-SERVICE/DENTAL								
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD								

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	2,321 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	552	13,123	\$	173,594.43	\$ 13.23	5.654	\$ 314.48	\$ 74.79
DURABLE MED. EQUIP.	34	107		24,406.03	228.09	.046	717.82	10.52
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	11		813.44	73.95	.005	116.21	.35
MEDICAL TRANSPORTATION	68	3,946		14,545.83	3.69	1.700	213.91	6.27
AMBULANCES/AIR TRANS	5	15		524.75	34.98	.006	104.95	.23
OTHER TRANS	17	3,476		9,752.14	2.81	1.498	573.66	4.20
OTHER SERVICES	46	455		4,268.94	9.38	.196	92.80	1.84
ACUPUNCTURE	67	173		2,938.48	16.99	.075	43.86	1.27
ADULT DAY HEALTH CARE CTR	17	149		9,946.21	66.75	.064	585.07	4.29
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	228	3,115		99,642.98	31.99	1.342	437.03	42.93
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	49	139		1,942.98	13.98	.060	39.65	.84
PHYSICAL THERAPIST	6	16		49.95	3.12	.007	8.33	.02
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2		201.56	100.78	.001	201.56	.09
PROSTHETICS	1	2		201.56	100.78	.001	201.56	.09
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	1	2		4.47	2.24	.001	4.47	.00
SPEECH AND AUDIOLOGY	33	74		7,674.21	103.71	.032	232.55	3.31

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	197	5,389	11,428.29	2.12	2.322	58.01	4.92
@CALIF. CHILDREN SERVICES*	1	180	\$ 106.20	\$.59	.078	\$ 106.20	\$.05
@XOVER EXCLUDING STATE HOSP**	809	7,022	\$ 109,032.05	\$ 15.53	3.025	\$ 134.77	\$ 46.98

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,745
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED	AID CODE 18

1,672 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,557	33,284	\$ 947,960.15	\$ 28.48	19.907	\$ 608.84	\$ 566.96
@PHYSICIANS SERVICES	302	832	\$ 11,158.77	\$ 13.41	.498	\$ 36.95	\$ 6.67
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	14	259.47	18.53	.008	259.47	.16
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	14	259.47	18.53	.008	259.47	.16
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	21.60	21.60	.001	21.60	.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	300	817	10,877.70	13.31	.489	36.26	6.51
@PHARMACY	1,268	12,604	\$ 466,942.07	\$ 37.05	7.538	\$ 368.25	\$ 279.27
PRESCRIPTION DRUGS	1,248	5,594	452,295.08	80.85	3.346	362.42	270.51
SNF/ICF	45	293	14,146.62	48.28	.175	314.37	8.46
OUTPATIENTS	1,221	5,301	438,148.46	82.65	3.170	358.84	262.05
MEDICAL SUPPLIES	191	7,010	14,646.99	2.09	4.193	76.69	8.76
@DENTIST	39	130	\$ 4,678.00	\$ 35.98	.078	\$ 119.95	\$ 2.80
VISITS - DIAGNOSTIC	29	77	1,149.00	14.92	.046	39.62	.69
ORAL SURGERY	8	37	2,662.00	71.95	.022	332.75	1.59

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	55.00	55.00	.001	55.00	.03
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	4	8	362.00	45.25	.005	90.50	.22
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	5	6	420.00	70.00	.004	84.00	.25
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,746
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

1,672 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	31	84	\$ 1,571.26	\$ 18.71	.050	\$ 50.69	\$.94
DIAGNOSTIC AND ANC. PROCED	8	8	369.15	46.14	.005	46.14	.22
EYE APPLIANCES	24	63	1,129.10	17.92	.038	47.05	.68
OTHER OPTOMETRIC SERVICES	7	13	73.01	5.62	.008	10.43	.04
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	29	34	\$ 328.08	\$ 9.65	.020	\$ 11.31	\$.20
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	29	34	328.08	9.65	.020	11.31	.20
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	3	8	78.99	9.87	.005	26.33	.05
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	241	722	\$ 49,090.54	\$ 67.99	.432	\$ 203.70	\$ 29.36
HOSP INPATIENT TOTAL	45	144	35,004.57	243.09	.086	777.88	20.94
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	45	144	35,004.57	243.09	.086	777.88	20.94
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	218	578	14,085.97	24.37	.346	64.61	8.42
MEDICAL	3	4	212.53	53.13	.002	70.84	.13
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	27.13	27.13	.001	27.13	.02
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	216	573	13,846.31	24.16	.343	64.10	8.28
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,747
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

	1,672 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	241		722	\$ 49,090.54	\$ 67.99	.432	\$ 203.70	\$ 29.36
COMM HOSP INPATIENT TOTAL	45		144	35,004.57	243.09	.086	777.88	20.94
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	45		144	35,004.57	243.09	.086	777.88	20.94
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	218		578	14,085.97	24.37	.346	64.61	8.42
MEDICAL	3		4	212.53	53.13	.002	70.84	.13
SURGERY	0		0	.00	.00	.000	.00	.00
PATHOLOGY	1		1	27.13	27.13	.001	27.13	.02
RADIOLOGY	0		0	.00	.00	.000	.00	.00
ROOM USE	0		0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	216		573	13,846.31	24.16	.343	64.10	8.28
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	39		573	\$ 81,144.71	\$ 141.61	.343	\$ 2080.63	\$ 48.53
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	39		573	81,144.71	141.61	.343	2080.63	48.53
@INTERMEDIATE CARE FACIL.-DD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	13		25	\$ 9,701.80	\$ 388.07	.015	\$ 746.29	\$ 5.80
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	13		25	9,701.80	388.07	.015	746.29	5.80

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	459	866	\$	38,827.92	\$	44.84	.518	\$	84.59	\$	23.22
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	1		78.00		78.00	.001		78.00		.05
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	459	865		38,749.92		44.80	.517		84.42		23.18
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 6,748
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED										AID CODE 18

1,672 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	913	17,406	\$ 284,438.01	\$ 16.34	10.410	\$ 311.54	\$ 170.12
DURABLE MED. EQUIP.	24	61	11,925.35	195.50	.036	496.89	7.13
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	563.32	281.66	.001	281.66	.34
MEDICAL TRANSPORTATION	63	1,380	6,333.06	4.59	.825	100.52	3.79
AMBULANCES/AIR TRANS	4	6	593.92	98.99	.004	148.48	.36
OTHER TRANS	8	151	511.14	3.39	.090	63.89	.31
OTHER SERVICES	53	1,223	5,228.00	4.27	.731	98.64	3.13
ACUPUNCTURE	5	9	156.79	17.42	.005	31.36	.09
ADULT DAY HEALTH CARE CTR	40	346	23,166.58	66.96	.207	579.16	13.86
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	595	4,303	209,350.78	48.65	2.574	351.85	125.21
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	39	89	1,224.49	13.76	.053	31.40	.73
PHYSICAL THERAPIST	11	149	348.06	2.34	.089	31.64	.21

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	10	256.14	25.61	.006	85.38	.15
PROSTHETICS	3	10	256.14	25.61	.006	85.38	.15
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	30	54	5,636.07	104.37	.032	187.87	3.37
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	375	11,003	25,477.37	2.32	6.581	67.94	15.24
@CALIF. CHILDREN SERVICES*	3	482	\$ 230.51	\$.48	.288	\$ 76.84	\$.14
@XOVER EXCLUDING STATE HOSP**	742	5,065	\$ 114,238.29	\$ 22.55	3.029	\$ 153.96	\$ 68.32

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,749
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	13	164	\$ 7,284.49	\$ 44.42	11.714	\$ 560.35	\$ 520.32
@PHYSICIANS SERVICES	3	11	\$ 39.21	\$ 3.56	.786	\$ 13.07	\$ 2.80
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	11	39.21	3.56	.786	13.07	2.80
@PHARMACY	12	78	\$ 4,893.52	\$ 62.74	5.571	\$ 407.79	\$ 349.54
PRESCRIPTION DRUGS	12	75	4,752.55	63.37	5.357	396.05	339.47

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	12	75	4,752.55	63.37	5.357	396.05	339.47
MEDICAL SUPPLIES	3	3	140.97	46.99	.214	46.99	10.07
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,750
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	4	\$ 44.67	\$ 11.17	.286	\$ 11.17	\$ 3.19
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	4	44.67	11.17	.286	11.17	3.19
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	1	2	\$ 13.13	\$ 6.57	.143	\$ 13.13	\$.94
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	2	13.13	6.57	.143	13.13	.94
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	13.13	6.57	.143	13.13	.94

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND

AID CODE 28

PAGE 6,751

01/17/03

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	2	\$ 13.13	\$ 6.57	.143	\$ 13.13	\$.94
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	2	13.13	6.57	.143	13.13	.94
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	13.13	6.57	.143	13.13	.94
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	7	8	\$ 125.22	\$ 15.65	.571	\$ 17.89	\$ 8.94
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	7	8	125.22	15.65	.571	17.89	8.94

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,752
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6	61	\$ 2,168.74	\$ 35.55	4.357	\$ 361.46	\$ 154.91
DURABLE MED. EQUIP.	1	1	24.45	24.45	.071	24.45	1.75
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	6	60	2,144.29	35.74	4.286	357.38	153.16
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	6	15	\$ 83.88	\$ 5.59	1.071	\$ 13.98	\$ 5.99

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

1,203 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,174	64,375	\$ 1,055,042.26	\$ 16.39	53.512	\$ 898.67	\$ 877.01
@PHYSICIANS SERVICES	235	792	\$ 30,767.43	\$ 38.85	.658	\$ 130.93	\$ 25.58
OUTPATIENT VISITS	43	53	1,739.18	32.81	.044	40.45	1.45
OFFICE VISITS	38	47	1,574.77	33.51	.039	41.44	1.31
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	6	6	164.41	27.40	.005	27.40	.14
INPATIENT VISITS	17	104	5,913.96	56.87	.086	347.88	4.92
HOSPITAL VISITS	17	93	5,003.86	53.80	.077	294.34	4.16
CRITICAL CARE	2	11	910.10	82.74	.009	455.05	.76
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	123.45	41.15	.002	41.15	.10
EXAMINATIONS	3	3	123.45	41.15	.002	41.15	.10
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	9	45	4,139.48	91.99	.037	459.94	3.44
PRINCIPAL SURGEON	6	8	2,946.25	368.28	.007	491.04	2.45
ASSISTANT SURGEON	1	1	107.22	107.22	.001	107.22	.09
ANESTHESIOLOGIST	3	36	1,086.01	30.17	.030	362.00	.90
OUTPATIENT SURGERY	9	43	4,031.92	93.77	.036	447.99	3.35
PRINCIPAL SURGEON	4	8	3,037.16	379.65	.007	759.29	2.52
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	35	994.76	28.42	.029	198.95	.83
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	12	24	485.62	20.23	.020	40.47	.40

RADIOLOGY	28	46		2,467.97	53.65	.038	88.14	2.05
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	11	35		4,776.41	136.47	.029	434.22	3.97
OTHER SERVICES/ALL X-OVERS	177	439		7,089.44	16.15	.365	40.05	5.89
@PHARMACY	973	8,170	\$	627,061.34	\$ 76.75	6.791	\$ 644.46	\$ 521.25
PRESCRIPTION DRUGS	952	5,041		614,420.52	121.88	4.190	645.40	510.74
SNF/ICF	22	175		12,389.44	70.80	.145	563.16	10.30
OUTPATIENTS	935	4,866		602,031.08	123.72	4.045	643.88	500.44
MEDICAL SUPPLIES	112	3,129		12,640.82	4.04	2.601	112.86	10.51
@DENTIST	42	135	\$	5,487.00	\$ 40.64	.112	\$ 130.64	\$ 4.56
VISITS - DIAGNOSTIC	27	72		1,243.00	17.26	.060	46.04	1.03
ORAL SURGERY	8	28		2,006.00	71.64	.023	250.75	1.67
DRUGS	1	1		.00	.00	.001	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		55.00	55.00	.001	55.00	.05
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	13	23		1,503.00	65.35	.019	115.62	1.25
PROSTHETICS	2	2		60.00	30.00	.002	30.00	.05
DENTURES, STAYPLATES	4	8		620.00	77.50	.007	155.00	.52
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 6,754
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED							
	AID CODE 68							

1,203 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	32	63	\$ 1,278.29	\$ 20.29	.052	\$ 39.95	\$ 1.06
DIAGNOSTIC AND ANC. PROCED	5	5	226.80	45.36	.004	45.36	.19
EYE APPLIANCES	23	51	873.72	17.13	.042	37.99	.73
OTHER OPTOMETRIC SERVICES	7	7	177.77	25.40	.006	25.40	.15
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.001	\$ 16.72	\$.01
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	16.72	16.72	.001	16.72	.01
@PODIATRIST	11	24	\$ 261.50	\$ 10.90	.020	\$ 23.77	\$.22
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	11	24	261.50	10.90	.020	23.77	.22
@HOME HEALTH AGENCY	3	13	\$ 1,037.26	\$ 79.79	.011	\$ 345.75	\$.86
NURSE ANESTHESIST	6	30	\$ 70.26	\$ 2.34	.025	\$ 11.71	\$.06
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	223	1,311	\$ 155,632.57	\$ 118.71	1.090	\$ 697.90	\$ 129.37
HOSP INPATIENT TOTAL	27	162	126,606.93	781.52	.135	4689.15	105.24
HSC HOSPITALS	2	18	29,474.00	1637.44	.015	14737.00	24.50
NON-HSC HOSPITAL TOTAL	6	29	80,896.77	2789.54	.024	13482.80	67.25
ACCOMMODATIONS	6	29	22,223.68	766.33	.024	3703.95	18.47
ADMINISTRATIVE DAYS	0	0	51.90	.00	.000	.00	.04
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	29	22,171.78	764.54	.024	3695.30	18.43
ANCILLARIES	6	0	58,673.09	.00	.000	9778.85	48.77

INPATIENT CROSSOVERS	19	115	16,236.16	141.18	.096	854.53	13.50
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	217	1,149	29,025.64	25.26	.955	133.76	24.13
MEDICAL	27	40	2,624.67	65.62	.033	97.21	2.18
SURGERY	9	11	1,050.70	95.52	.009	116.74	.87
PATHOLOGY	50	374	4,588.14	12.27	.311	91.76	3.81
RADIOLOGY	24	39	8,006.49	205.29	.032	333.60	6.66
ROOM USE	26	37	1,944.95	52.57	.031	74.81	1.62
CROSSOVERS/ALL OTH OUTPTNT	155	648	10,810.69	16.68	.539	69.75	8.99
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,755
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

1,203 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	223	1,311	\$ 155,632.57	\$ 118.71	1.090	\$ 697.90	\$ 129.37
COMM HOSP INPATIENT TOTAL	27	162	126,606.93	781.52	.135	4689.15	105.24
HSC HOSPITALS	2	18	29,474.00	1637.44	.015	14737.00	24.50
NON-HSC HOSPITALS TOTAL	6	29	80,896.77	2789.54	.024	13482.80	67.25
ACCOMMODATIONS	6	29	22,223.68	766.33	.024	3703.95	18.47
ADMINISTRATIVE DAYS	0	0	51.90	.00	.000	.00	.04
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	29	22,171.78	764.54	.024	3695.30	18.43
ANCILLARIES	6	0	58,673.09	.00	.000	9778.85	48.77
INPATIENT CROSSOVERS	19	115	16,236.16	141.18	.096	854.53	13.50
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	217	1,149	29,025.64	25.26	.955	133.76	24.13
MEDICAL	27	40	2,624.67	65.62	.033	97.21	2.18
SURGERY	9	11	1,050.70	95.52	.009	116.74	.87
PATHOLOGY	50	374	4,588.14	12.27	.311	91.76	3.81
RADIOLOGY	24	39	8,006.49	205.29	.032	333.60	6.66
ROOM USE	26	37	1,944.95	52.57	.031	74.81	1.62
CROSSOVERS/ALL OTH OUTPTNT	155	648	10,810.69	16.68	.539	69.75	8.99
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	15	230	\$ 34,083.55	\$ 148.19	.191	\$ 2272.24	\$ 28.33
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	15	230		34,083.55	148.19	.191	2272.24	28.33	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	26	184	\$	19,354.75	\$ 105.19	.153	\$ 744.41	\$ 16.09	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	26	184		19,354.75	105.19	.153	744.41	16.09	
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	7	53	\$	579.90	\$ 10.94	.044	\$ 82.84	\$.48	
PATHOLOGY	7	53		579.90	10.94	.044	82.84	.48	
XO AND OTHERS	0	0		.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	475	1,105	\$	55,312.67	\$ 50.06	.919	\$ 116.45	\$ 45.98	
CLINIC	0	0		.00	.00	.000	.00	.00	
SURGICENTER	2	3		191.12	63.71	.002	95.56	.16	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	474	1,102		55,121.55	50.02	.916	116.29	45.82	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 6,756
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MENDOCINO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED								AID CODE 68

1,203 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE	
						COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	374	52,264	\$ 124,099.02	\$ 2.37	43.445	\$ 331.82	\$ 103.16
DURABLE MED. EQUIP.	46	130	45,550.28	350.39	.108	990.22	37.86
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	11	270.31	24.57	.009	38.62	.22
MEDICAL TRANSPORTATION	22	254	4,667.05	18.37	.211	212.14	3.88
AMBULANCES/AIR TRANS	4	56	1,297.71	23.17	.047	324.43	1.08
OTHER TRANS	3	19	269.95	14.21	.016	89.98	.22
OTHER SERVICES	16	179	3,099.39	17.32	.149	193.71	2.58
ACUPUNCTURE	77	185	3,130.42	16.92	.154	40.65	2.60
ADULT DAY HEALTH CARE CTR	6	29	1,929.66	66.54	.024	321.61	1.60
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	59	1,110	36,798.52	33.15	.923	623.70	30.59
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	26	66	1,052.48	15.95	.055	40.48	.87
PHYSICAL THERAPIST	9	169	801.25	4.74	.140	89.03	.67
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	5	20	517.96	25.90	.017	103.59	.43
PROSTHETICS	4	19	494.91	26.05	.016	123.73	.41
ORTHOTICS	1	1	23.05	23.05	.001	23.05	.02
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4	217.94	54.49	.003	108.97	.18
HOSPICE SERVICES	1	9	760.22	84.47	.007	760.22	.63
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	204	50,277		28,402.93		.56	41.793	139.23	23.61
@CALIF. CHILDREN SERVICES*	17	363	\$	13,900.97	\$	38.29	.302	\$ 817.70	\$ 11.56
@XOVER EXCLUDING STATE HOSP**	409	8,473	\$	71,727.45	\$	8.47	7.043	\$ 175.37	\$ 59.62

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MENDOCINO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

	2,889 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,744	97,823	\$	2,010,286.90	\$ 20.55	33.861	\$ 732.61	\$ 695.84
@PHYSICIANS SERVICES	540	1,635	\$	41,965.41	\$ 25.67	.566	\$ 77.71	\$ 14.53
OUTPATIENT VISITS	43	53		1,739.18	32.81	.018	40.45	.60
OFFICE VISITS	38	47		1,574.77	33.51	.016	41.44	.55
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	6	6		164.41	27.40	.002	27.40	.06
INPATIENT VISITS	17	104		5,913.96	56.87	.036	347.88	2.05
HOSPITAL VISITS	17	93		5,003.86	53.80	.032	294.34	1.73
CRITICAL CARE	2	11		910.10	82.74	.004	455.05	.32
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3		123.45	41.15	.001	41.15	.04
EXAMINATIONS	3	3		123.45	41.15	.001	41.15	.04
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	9	45		4,139.48	91.99	.016	459.94	1.43
PRINCIPAL SURGEON	6	8		2,946.25	368.28	.003	491.04	1.02
ASSISTANT SURGEON	1	1		107.22	107.22	.000	107.22	.04
ANESTHESIOLOGIST	3	36		1,086.01	30.17	.012	362.00	.38
OUTPATIENT SURGERY	10	57		4,291.39	75.29	.020	429.14	1.49
PRINCIPAL SURGEON	4	8		3,037.16	379.65	.003	759.29	1.05
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	49		1,254.23	25.60	.017	209.04	.43
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	12	24		485.62	20.23	.008	40.47	.17
RADIOLOGY	29	47		2,489.57	52.97	.016	85.85	.86
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	11	35		4,776.41	136.47	.012	434.22	1.65
OTHER SERVICES/ALL X-OVERS	480	1,267		18,006.35	14.21	.439	37.51	6.23
@PHARMACY	2,253	20,852	\$	1,098,896.93	\$ 52.70	7.218	\$ 487.75	\$ 380.37
PRESCRIPTION DRUGS	2,212	10,710		1,071,468.15	100.04	3.707	484.39	370.88
SNF/ICF	67	468		26,536.06	56.70	.162	396.06	9.19
OUTPATIENTS	2,168	10,242		1,044,932.09	102.02	3.545	481.98	361.69
MEDICAL SUPPLIES	306	10,142		27,428.78	2.70	3.511	89.64	9.49
@DENTIST	81	265	\$	10,165.00	\$ 38.36	.092	\$ 125.49	\$ 3.52
VISITS - DIAGNOSTIC	56	149		2,392.00	16.05	.052	42.71	.83
ORAL SURGERY	16	65		4,668.00	71.82	.022	291.75	1.62
DRUGS	1	1		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	2	2		110.00	55.00	.001	55.00	.04
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	17	31		1,865.00	60.16	.011	109.71	.65
PROSTHETICS	3	3		90.00	30.00	.001	30.00	.03

DENTURES, STAYPLATES	9	14	1,040.00	74.29	.005	115.56	.36
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MENDOCINO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

	2,889 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	63		147	\$ 2,849.55	\$ 19.38	.051	\$ 45.23	\$.99
DIAGNOSTIC AND ANC. PROCED	13		13	595.95	45.84	.004	45.84	.21
EYE APPLIANCES	47		114	2,002.82	17.57	.039	42.61	.69
OTHER OPTOMETRIC SERVICES	14		20	250.78	12.54	.007	17.91	.09
@CHIROPRACTOR	1		1	\$ 16.72	\$ 16.72	.000	\$ 16.72	\$.01
VISITS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	1		1	16.72	16.72	.000	16.72	.01
@PODIATRIST	44		62	\$ 634.25	\$ 10.23	.021	\$ 14.41	\$.22
MEDICINE/INJECTIONS	0		0	.00	.00	.000	.00	.00
SURGERY/ANES.	0		0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0		0	.00	.00	.000	.00	.00
OTHER	44		62	634.25	10.23	.021	14.41	.22
@HOME HEALTH AGENCY	3		13	\$ 1,037.26	\$ 79.79	.004	\$ 345.75	\$.36
NURSE ANESTHESIST	9		38	\$ 149.25	\$ 3.93	.013	\$ 16.58	\$.05
NURSE MIDWIFE	0		0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0		0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0		0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	465		2,035	\$ 204,736.24	\$ 100.61	.704	\$ 440.29	\$ 70.87
HOSP INPATIENT TOTAL	72		306	161,611.50	528.14	.106	2244.60	55.94
HSC HOSPITALS	2		18	29,474.00	1637.44	.006	14737.00	10.20

NON-HSC HOSPITAL TOTAL	6	29	80,896.77	2789.54	.010	13482.80	28.00
ACCOMMODATIONS	6	29	22,223.68	766.33	.010	3703.95	7.69
ADMINISTRATIVE DAYS	0	0	51.90	.00	.000	.00	.02
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	29	22,171.78	764.54	.010	3695.30	7.67
ANCILLARIES	6	0	58,673.09	.00	.000	9778.85	20.31
INPATIENT CROSSOVERS	64	259	51,240.73	197.84	.090	800.64	17.74
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	436	1,729	43,124.74	24.94	.598	98.91	14.93
MEDICAL	30	44	2,837.20	64.48	.015	94.57	.98
SURGERY	9	11	1,050.70	95.52	.004	116.74	.36
PATHOLOGY	52	377	4,628.40	12.28	.130	89.01	1.60
RADIOLOGY	24	39	8,006.49	205.29	.013	333.60	2.77
ROOM USE	26	37	1,944.95	52.57	.013	74.81	.67
CROSSOVERS/ALL OTH OUTPTNT	371	1,221	24,657.00	20.19	.423	66.46	8.53
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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	2,889 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	465	2,035	\$	204,736.24	\$ 100.61	.704	\$ 440.29	\$ 70.87
COMM HOSP INPATIENT TOTAL	72	306		161,611.50	528.14	.106	2244.60	55.94
HSC HOSPITALS	2	18		29,474.00	1637.44	.006	14737.00	10.20
NON-HSC HOSPITALS TOTAL	6	29		80,896.77	2789.54	.010	13482.80	28.00
ACCOMMODATIONS	6	29		22,223.68	766.33	.010	3703.95	7.69
ADMINISTRATIVE DAYS	0	0		51.90	.00	.000	.00	.02
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	29		22,171.78	764.54	.010	3695.30	7.67
ANCILLARIES	6	0		58,673.09	.00	.000	9778.85	20.31
INPATIENT CROSSOVERS	64	259		51,240.73	197.84	.090	800.64	17.74
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	436	1,729		43,124.74	24.94	.598	98.91	14.93
MEDICAL	30	44		2,837.20	64.48	.015	94.57	.98
SURGERY	9	11		1,050.70	95.52	.004	116.74	.36
PATHOLOGY	52	377		4,628.40	12.28	.130	89.01	1.60
RADIOLOGY	24	39		8,006.49	205.29	.013	333.60	2.77
ROOM USE	26	37		1,944.95	52.57	.013	74.81	.67

CROSSEOVERS/ALL OTH OUTPTNT	371	1,221		24,657.00		20.19	.423	66.46	8.53
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	54	803	\$	115,228.26	\$	143.50	.278	\$ 2133.86	\$ 39.89
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	54	803		115,228.26		143.50	.278	2133.86	39.89
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	39	209	\$	29,056.55	\$	139.03	.072	\$ 745.04	\$ 10.06
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	39	209		29,056.55		139.03	.072	745.04	10.06
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	7	53	\$	579.90	\$	10.94	.018	\$ 82.84	\$.20
PATHOLOGY	7	53		579.90		10.94	.018	82.84	.20
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	941	1,979	\$	94,265.81	\$	47.63	.685	\$ 100.18	\$ 32.63
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	3	4		269.12		67.28	.001	89.71	.09
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	940	1,975		93,996.69		47.59	.684	100.00	32.54
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
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						----- MONTHLY AVERAGE -----		
2,889 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	1,293	69,731	\$ 410,705.77	\$ 5.89	24.137	\$ 317.64	\$ 142.16	
DURABLE MED. EQUIP.	71	192	57,500.08	299.48	.066	809.86	19.90	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	9	13	833.63	64.13	.004	92.63	.29	
MEDICAL TRANSPORTATION	85	1,634	11,000.11	6.73	.566	129.41	3.81	
AMBULANCES/AIR TRANS	8	62	1,891.63	30.51	.021	236.45	.65	
OTHER TRANS	11	170	781.09	4.59	.059	71.01	.27	
OTHER SERVICES	69	1,402	8,327.39	5.94	.485	120.69	2.88	
ACUPUNCTURE	82	194	3,287.21	16.94	.067	40.09	1.14	
ADULT DAY HEALTH CARE CTR	46	375	25,096.24	66.92	.130	545.57	8.69	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	660	5,473	248,293.59	45.37	1.894	376.20	85.94	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	65	155	2,276.97	14.69	.054	35.03	.79	
PHYSICAL THERAPIST	20	318	1,149.31	3.61	.110	57.47	.40	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	8	30	774.10	25.80	.010	96.76	.27	
PROSTHETICS	7	29	751.05	25.90	.010	107.29	.26	
ORTHOTICS	1	1	23.05	23.05	.000	23.05	.01	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	32	58	5,854.01	100.93	.020	182.94	2.03	

HOSPICE SERVICES	1	9	760.22	84.47	.003	760.22	.26
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	579	61,280	53,880.30	.88	21.211	93.06	18.65
@CALIF. CHILDREN SERVICES*	20	845	\$ 14,131.48	\$ 16.72	.292	\$ 706.57	\$ 4.89
@XOVER EXCLUDING STATE HOSP**	1,157	13,553	\$ 186,049.62	\$ 13.73	4.691	\$ 160.80	\$ 64.40

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,761
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED	

9,428 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7,709	129,016	\$ 3,551,322.77	\$ 27.53	13.684	\$ 460.67	\$ 376.68
@PHYSICIANS SERVICES	1,501	3,817	\$ 56,421.97	\$ 14.78	.405	\$ 37.59	\$ 5.98
OUTPATIENT VISITS	19	32	816.10	25.50	.003	42.95	.09
OFFICE VISITS	19	32	816.10	25.50	.003	42.95	.09
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	2	125.90	62.95	.000	125.90	.01
HOSPITAL VISITS	1	2	125.90	62.95	.000	125.90	.01
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	11	14	542.11	38.72	.001	49.28	.06
EXAMINATIONS	11	14	542.11	38.72	.001	49.28	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	8	36	3,909.68	108.60	.004	488.71	.41
PRINCIPAL SURGEON	6	6	3,296.33	549.39	.001	549.39	.35
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	30	613.35	20.45	.003	153.34	.07
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	48.20	48.20	.000	48.20	.01
RADIOLOGY	12	12	423.43	35.29	.001	35.29	.04
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	2	27.52	13.76	.000	27.52	.00
OTHER SERVICES/ALL X-OVERS	1,464	3,718	50,529.03	13.59	.394	34.51	5.36
@PHARMACY	6,297	56,997	\$ 1,818,116.61	\$ 31.90	6.046	\$ 288.73	\$ 192.84
PRESCRIPTION DRUGS	6,227	24,530	1,759,647.77	71.73	2.602	282.58	186.64
SNF/ICF	126	682	35,067.06	51.42	.072	278.31	3.72
OUTPATIENTS	6,129	23,848	1,724,580.71	72.32	2.529	281.38	182.92
MEDICAL SUPPLIES	651	32,467	58,468.84	1.80	3.444	89.81	6.20
@DENTIST	197	583	\$ 30,074.68	\$ 51.59	.062	\$ 152.66	\$ 3.19
VISITS - DIAGNOSTIC	138	339	5,354.00	15.79	.036	38.80	.57
ORAL SURGERY	25	67	4,495.00	67.09	.007	179.80	.48

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	255.00	127.50	.000	127.50	.03
ENDODONTICS	3	4	821.00	205.25	.000	273.67	.09
RESTORATIVE DENTISTRY	44	93	8,968.00	96.43	.010	203.82	.95
PROSTHETICS	4	4	90.00	22.50	.000	22.50	.01
DENTURES, STAYPLATES	33	73	10,091.68	138.24	.008	305.81	1.07
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,762
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

9,428 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	168	465	\$ 8,910.30	\$ 19.16	.049	\$ 53.04	\$.95
DIAGNOSTIC AND ANC. PROCED	36	36	1,725.41	47.93	.004	47.93	.18
EYE APPLIANCES	130	367	6,366.19	17.35	.039	48.97	.68
OTHER OPTOMETRIC SERVICES	44	62	818.70	13.20	.007	18.61	.09
@CHIROPRACTOR	5	9	\$ 88.48	\$ 9.83	.001	\$ 17.70	\$.01
VISITS	3	4	66.88	16.72	.000	22.29	.01
OTHER SERVICES	2	5	21.60	4.32	.001	10.80	.00
@PODIATRIST	133	288	\$ 3,697.86	\$ 12.84	.031	\$ 27.80	\$.39
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	133	288	3,697.86	12.84	.031	27.80	.39
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	19	82	\$ 315.31	\$ 3.85	.009	\$ 16.60	\$.03
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	1,017	3,384	\$ 250,944.17	\$ 74.16	.359	\$ 246.75	\$ 26.62
HOSP INPATIENT TOTAL	161	667	186,091.31	279.00	.071	1155.85	19.74
HSC HOSPITALS	3	10	9,660.96	966.10	.001	3220.32	1.02
NON-HSC HOSPITAL TOTAL	8	22	63,376.73	2880.76	.002	7922.09	6.72
ACCOMMODATIONS	8	22	17,421.70	791.90	.002	2177.71	1.85
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	22	17,421.70	791.90	.002	2177.71	1.85
ANCILLARIES	8	0	45,955.03	.00	.000	5744.38	4.87
INPATIENT CROSSOVERS	150	635	113,053.62	178.04	.067	753.69	11.99
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	927	2,717	64,852.86	23.87	.288	69.96	6.88
MEDICAL	12	15	383.76	25.58	.002	31.98	.04
SURGERY	3	3	399.92	133.31	.000	133.31	.04
PATHOLOGY	22	57	833.06	14.62	.006	37.87	.09
RADIOLOGY	7	6	784.87	130.81	.001	112.12	.08
ROOM USE	4	7	402.18	57.45	.001	100.55	.04
CROSSOVERS/ALL OTH OUTPTNT	903	2,629	62,049.07	23.60	.279	68.71	6.58
@COUNTY HOSPITAL TOTAL	7	12	\$ 6,188.88	\$ 515.74	.001	\$ 884.13	\$.66
CO HOSPITAL INPATIENT TOTAL	1	5	5,908.45	1181.69	.001	5908.45	.63
HSC HOSPITALS	1	5	5,908.45	1181.69	.001	5908.45	.63

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	7	280.43	40.06	.001	46.74	.03
MEDICAL	0	0	8.17	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	7.84	.00	.000	.00	.00
ROOM USE	0	0	23.68	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	6	7	240.74	34.39	.001	40.12	.03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,763
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

					----- MONTHLY AVERAGE -----			
9,428 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	1,010	3,372	\$ 244,755.29	\$ 72.58	.358	\$ 242.33	\$ 25.96	
COMM HOSP INPATIENT TOTAL	160	662	180,182.86	272.18	.070	1126.14	19.11	
HSC HOSPITALS	2	5	3,752.51	750.50	.001	1876.26	.40	
NON-HSC HOSPITALS TOTAL	8	22	63,376.73	2880.76	.002	7922.09	6.72	
ACCOMMODATIONS	8	22	17,421.70	791.90	.002	2177.71	1.85	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	8	22	17,421.70	791.90	.002	2177.71	1.85	
ANCILLARIES	8	0	45,955.03	.00	.000	5744.38	4.87	
INPATIENT CROSSOVERS	150	635	113,053.62	178.04	.067	753.69	11.99	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	921	2,710		64,572.43	23.83	.287	70.11	6.85
MEDICAL	12	15		375.59	25.04	.002	31.30	.04
SURGERY	3	3		399.92	133.31	.000	133.31	.04
PATHOLOGY	22	57		833.06	14.62	.006	37.87	.09
RADIOLOGY	7	6		777.03	129.51	.001	111.00	.08
ROOM USE	4	7		378.50	54.07	.001	94.63	.04
CROSSEOVERS/ALL OTH OUTPTNT	897	2,622		61,808.33	23.57	.278	68.91	6.56
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	129	2,279	\$	312,240.47	\$ 137.01	.242	\$ 2420.47	\$ 33.12
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	129	2,279		312,240.47	137.01	.242	2420.47	33.12
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	63	82	\$	33,884.64	\$ 413.23	.009	\$ 537.85	\$ 3.59
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	63	82		33,884.64	413.23	.009	537.85	3.59
@REHABILITATION FACILITY	0	1	\$	12.81	\$ 12.81	.000	\$.00	\$.00
HOSPITAL BASED	0	1		12.81	12.81	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	16	\$	202.60	\$ 12.66	.002	\$ 40.52	\$.02
PATHOLOGY	2	11		126.15	11.47	.001	63.08	.01
XO AND OTHERS	3	5		76.45	15.29	.001	25.48	.01
@ORGANIZED OUTPATIENT CLINIC	2,722	4,900	\$	225,547.05	\$ 46.03	.520	\$ 82.86	\$ 23.92
CLINIC	1	1		46.43	46.43	.000	46.43	.00
SURGICENTER	14	21		2,483.82	118.28	.002	177.42	.26
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,714	4,878		223,016.80	45.72	.517	82.17	23.65

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,764
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

					----- MONTHLY AVERAGE -----			
9,428 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	2,776	56,113	\$ 810,865.82	\$ 14.45	5.952	\$ 292.10	\$ 86.01	
DURABLE MED. EQUIP.	95	268	53,121.73	198.22	.028	559.18	5.63	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	45	78	6,513.80	83.51	.008	144.75	.69	
MEDICAL TRANSPORTATION	180	7,175	31,824.64	4.44	.761	176.80	3.38	
AMBULANCES/AIR TRANS	12	25	1,465.78	58.63	.003	122.15	.16	
OTHER TRANS	37	4,882	17,407.83	3.57	.518	470.48	1.85	
OTHER SERVICES	133	2,268	12,951.03	5.71	.241	97.38	1.37	
ACUPUNCTURE	196	496	8,412.66	16.96	.053	42.92	.89	
ADULT DAY HEALTH CARE CTR	132	1,294	86,239.44	66.65	.137	653.33	9.15	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	1,461	11,514	515,134.67	44.74	1.221	352.59	54.64	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	201	503	6,985.80	13.89	.053	34.76	.74	
PHYSICAL THERAPIST	46	439	5,065.90	11.54	.047	110.13	.54	

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	7	21	594.53	28.31	.002	84.93	.06
PROSTHETICS	7	21	594.53	28.31	.002	84.93	.06
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	3	63.58	21.19	.000	31.79	.01
SPEECH AND AUDIOLOGY	139	297	33,296.23	112.11	.032	239.54	3.53
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	3.11	3.11	.000	3.11	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,038	34,024	63,609.73	1.87	3.609	61.28	6.75
@CALIF. CHILDREN SERVICES*	4	682	\$ 282.55	\$.41	.072	\$ 70.64	\$.03
@XOVER EXCLUDING STATE HOSP**	3,003	19,604	\$ 392,681.85	\$ 20.03	2.079	\$ 130.76	\$ 41.65

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,765
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND	

800 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	658	60,150	\$ 662,046.37	\$ 11.01	75.188	\$ 1006.15	\$ 827.56
@PHYSICIANS SERVICES	166	657	\$ 25,150.72	\$ 38.28	.821	\$ 151.51	\$ 31.44
OUTPATIENT VISITS	34	46	1,856.80	40.37	.058	54.61	2.32
OFFICE VISITS	26	37	1,498.74	40.51	.046	57.64	1.87
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	5	205.80	41.16	.006	41.16	.26
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	4	152.26	38.07	.005	38.07	.19
INPATIENT VISITS	5	17	767.08	45.12	.021	153.42	.96
HOSPITAL VISITS	5	16	734.62	45.91	.020	146.92	.92
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1	32.46	32.46	.001	32.46	.04
OPHTHALMOLOGICAL SERVICES	6	7	379.79	54.26	.009	63.30	.47
EXAMINATIONS	6	7	379.79	54.26	.009	63.30	.47
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	72	2,310.18	32.09	.090	385.03	2.89
PRINCIPAL SURGEON	3	3	1,101.27	367.09	.004	367.09	1.38
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	69	1,208.91	17.52	.086	302.23	1.51
OUTPATIENT SURGERY	19	90	10,229.33	113.66	.113	538.39	12.79
PRINCIPAL SURGEON	14	33	9,057.41	274.47	.041	646.96	11.32
ASSISTANT SURGEON	1	1	118.02	118.02	.001	118.02	.15
ANESTHESIOLOGIST	5	56	1,053.90	18.82	.070	210.78	1.32
DIALYSIS	11	37	3,644.24	98.49	.046	331.29	4.56
PATHOLOGY	4	7	239.01	34.14	.009	59.75	.30
RADIOLOGY	29	54	2,826.95	52.35	.068	97.48	3.53
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	96	327	2,897.34	8.86	.409	30.18	3.62
@PHARMACY	535	25,283	\$ 224,462.81	\$ 8.88	31.604	\$ 419.56	\$ 280.58
PRESCRIPTION DRUGS	526	2,526	204,654.26	81.02	3.158	389.08	255.82

SNF/ICF	39	379	18,518.19	48.86	.474	474.83	23.15
OUTPATIENTS	495	2,147	186,136.07	86.70	2.684	376.03	232.67
MEDICAL SUPPLIES	120	22,757	19,808.55	.87	28.446	165.07	24.76
@DENTIST	19	77	\$ 1,965.00	\$ 25.52	.096	\$ 103.42	\$ 2.46
VISITS - DIAGNOSTIC	14	48	711.00	14.81	.060	50.79	.89
ORAL SURGERY	1	4	159.00	39.75	.005	159.00	.20
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	4	.00	.00	.005	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	8	20	995.00	49.75	.025	124.38	1.24
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	100.00	100.00	.001	100.00	.13
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

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01/17/03

800 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	14	40	\$ 1,890.59	\$ 47.26	.050	\$ 135.04	\$ 2.36
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.003	47.45	.12
EYE APPLIANCES	11	31	1,659.46	53.53	.039	150.86	2.07
OTHER OPTOMETRIC SERVICES	4	7	136.23	19.46	.009	34.06	.17
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	23	34	\$ 351.99	\$ 10.35	.043	\$ 15.30	\$.44
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	23	34	351.99	10.35	.043	15.30	.44
@HOME HEALTH AGENCY	2	2	\$ 104.99	\$ 52.50	.003	\$ 52.50	\$.13
NURSE ANESTHESIST	2	6	44.79	7.47	.008	22.40	.06
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	172	957	\$ 79,834.67	\$ 83.42	1.196	\$ 464.16	\$ 99.79
HOSP INPATIENT TOTAL	13	78	55,109.84	706.54	.098	4239.22	68.89
HSC HOSPITALS	1	5	8,250.00	1650.00	.006	8250.00	10.31
NON-HSC HOSPITAL TOTAL	6	29	41,987.84	1447.86	.036	6997.97	52.48
ACCOMMODATIONS	6	29	14,788.67	509.95	.036	2464.78	18.49
ADMINISTRATIVE DAYS	1	6	1,298.99	216.50	.008	1298.99	1.62
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	23	13,489.68	586.51	.029	2697.94	16.86
ANCILLARIES	6	0	27,199.17	.00	.000	4533.20	34.00
INPATIENT CROSSOVERS	6	44	4,872.00	110.73	.055	812.00	6.09
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	165	879	24,724.83	28.13	1.099	149.85	30.91
MEDICAL	38	65	3,884.45	59.76	.081	102.22	4.86
SURGERY	14	16	1,514.35	94.65	.020	108.17	1.89
PATHOLOGY	70	323	3,532.92	10.94	.404	50.47	4.42

RADIOLOGY	27	42	4,638.93	110.45	.053	171.81	5.80
ROOM USE	53	87	4,701.76	54.04	.109	88.71	5.88
CROSSOVERS/ALL OTH OUTPTNT	95	346	6,452.42	18.65	.433	67.92	8.07
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,767
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND						

800 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	172	957	\$ 79,834.67	\$ 83.42	1.196	\$ 464.16	\$ 99.79	
COMM HOSP INPATIENT TOTAL	13	78	55,109.84	706.54	.098	4239.22	68.89	
HSC HOSPITALS	1	5	8,250.00	1650.00	.006	8250.00	10.31	
NON-HSC HOSPITALS TOTAL	6	29	41,987.84	1447.86	.036	6997.97	52.48	
ACCOMMODATIONS	6	29	14,788.67	509.95	.036	2464.78	18.49	
ADMINISTRATIVE DAYS	1	6	1,298.99	216.50	.008	1298.99	1.62	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	5	23	13,489.68	586.51	.029	2697.94	16.86	
ANCILLARIES	6	0	27,199.17	.00	.000	4533.20	34.00	
INPATIENT CROSSOVERS	6	44	4,872.00	110.73	.055	812.00	6.09	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	165	879	24,724.83	28.13	1.099	149.85	30.91	
MEDICAL	38	65	3,884.45	59.76	.081	102.22	4.86	
SURGERY	14	16	1,514.35	94.65	.020	108.17	1.89	
PATHOLOGY	70	323	3,532.92	10.94	.404	50.47	4.42	
RADIOLOGY	27	42	4,638.93	110.45	.053	171.81	5.80	
ROOM USE	53	87	4,701.76	54.04	.109	88.71	5.88	
CROSSOVERS/ALL OTH OUTPTNT	95	346	6,452.42	18.65	.433	67.92	8.07	
@STATE HOSPITAL	2	59	\$ 26,031.70	\$ 441.22	.074	\$ 13015.85	\$ 32.54	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	2	59	26,031.70	441.22	.074	13015.85	32.54	
@NURSING FACILITY	32	771	\$ 103,511.78	\$ 134.26	.964	\$ 3234.74	\$ 129.39	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	32	771	103,511.78	134.26	.964	3234.74	129.39	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	52	985	\$ 49,219.76	\$ 49.97	1.231	\$ 946.53	\$ 61.52
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	52	985	49,219.76	49.97	1.231	946.53	61.52
@REHABILITATION FACILITY	4	7	\$ 129.17	\$ 18.45	.009	\$ 32.29	\$.16
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	4	7	129.17	18.45	.009	32.29	.16
@LABORATORY FACILITY	12	91	\$ 1,161.50	\$ 12.76	.114	\$ 96.79	\$ 1.45
PATHOLOGY	12	91	1,161.50	12.76	.114	96.79	1.45
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	270	554	\$ 36,607.81	\$ 66.08	.693	\$ 135.58	\$ 45.76
CLINIC	4	7	545.80	77.97	.009	136.45	.68
SURGICENTER	3	8	384.04	48.01	.010	128.01	.48
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	268	539	35,677.97	66.19	.674	133.13	44.60

#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

PAGE 6,768 01/17/03

800 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	267	30,627	\$ 111,579.09	\$ 3.64	38.284	\$ 417.90	\$ 139.47
DURABLE MED. EQUIP.	25	99	16,666.99	168.35	.124	666.68	20.83
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	34	10,566	22,032.73	2.09	13.208	648.02	27.54
AMBULANCES/AIR TRANS	9	41	1,580.59	38.55	.051	175.62	1.98
OTHER TRANS	16	10,278	19,130.85	1.86	12.848	1195.68	23.91
OTHER SERVICES	11	247	1,321.29	5.35	.309	120.12	1.65
ACUPUNCTURE	22	59	1,000.22	16.95	.074	45.46	1.25

ADULT DAY HEALTH CARE CTR	18	226	15,090.82	66.77	.283	838.38	18.86
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	114	912	44,054.67	48.31	1.140	386.44	55.07
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	11	25	353.49	14.14	.031	32.14	.44
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	152.02	76.01	.003	152.02	.19
PROSTHETICS	1	2	152.02	76.01	.003	152.02	.19
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	11	19	1,685.53	88.71	.024	153.23	2.11
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	17	315	3,027.28	9.61	.394	178.08	3.78
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	103	18,404	7,515.34	.41	23.005	72.96	9.39
@CALIF. CHILDREN SERVICES*	30	258	\$ 38,389.08	\$ 148.79	.323	\$ 1279.64	\$ 47.99
@XOVER EXCLUDING STATE HOSP**	201	4,079	\$ 51,263.70	\$ 12.57	5.099	\$ 255.04	\$ 64.08

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MENDOCINO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

41,933 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	33,673	736,159	\$ 27,167,049.43	\$ 36.90	17.556	\$ 806.79	\$ 647.87
@PHYSICIANS SERVICES	7,670	23,045	\$ 949,183.27	\$ 41.19	.550	\$ 123.75	\$ 22.64
OUTPATIENT VISITS	2,301	3,056	111,090.44	36.35	.073	48.28	2.65
OFFICE VISITS	1,971	2,570	89,164.02	34.69	.061	45.24	2.13
HOME VISITS	6	10	343.00	34.30	.000	57.17	.01
EMERGENCY ROOM	210	269	13,964.06	51.91	.006	66.50	.33
PREVENTIVE CARE	1	1	43.85	43.85	.000	43.85	.00
OB VISITS/COMPRE PERI	17	23	1,891.81	82.25	.001	111.28	.05
OTHER OUTPATIENT	156	183	5,683.70	31.06	.004	36.43	.14
INPATIENT VISITS	566	2,289	115,394.16	50.41	.055	203.88	2.75
HOSPITAL VISITS	495	1,975	94,392.14	47.79	.047	190.69	2.25
CRITICAL CARE	53	129	14,064.67	109.03	.003	265.37	.34
SNF/ICF/TRANS IP CARE	69	185	6,937.35	37.50	.004	100.54	.17
OPHTHALMOLOGICAL SERVICES	140	155	6,917.62	44.63	.004	49.41	.16
EXAMINATIONS	140	155	6,917.62	44.63	.004	49.41	.16
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	320	2,208	158,876.32	71.95	.053	496.49	3.79
PRINCIPAL SURGEON	217	333	116,256.33	349.12	.008	535.74	2.77
ASSISTANT SURGEON	36	38	7,674.40	201.96	.001	213.18	.18
ANESTHESIOLOGIST	135	1,837	34,945.59	19.02	.044	258.86	.83
OUTPATIENT SURGERY	644	2,179	173,377.42	79.57	.052	269.22	4.13
PRINCIPAL SURGEON	507	722	144,079.03	199.56	.017	284.18	3.44
ASSISTANT SURGEON	5	5	471.69	94.34	.000	94.34	.01
ANESTHESIOLOGIST	181	1,452	28,826.70	19.85	.035	159.26	.69
DIALYSIS	36	62	8,655.02	139.60	.001	240.42	.21
PATHOLOGY	597	1,108	31,297.57	28.25	.026	52.42	.75

RADIOLOGY	2,416	4,114		173,880.36		42.27	.098	71.97	4.15
PSYCHIATRY	5	8		299.79		37.47	.000	59.96	.01
IMMUNIZATION AND INJECTION	90	407		22,399.69		55.04	.010	248.89	.53
OTHER SERVICES/ALL X-OVERS	3,238	7,459		146,994.88		19.71	.178	45.40	3.51
@PHARMACY	26,802	220,707	\$	10,943,729.20	\$	49.58	5.263	408.32	260.98
PRESCRIPTION DRUGS	26,487	111,285		10,682,179.77		95.99	2.654	403.30	254.74
SNF/ICF	417	2,657		200,501.98		75.46	.063	480.82	4.78
OUTPATIENTS	26,115	108,628		10,481,677.79		96.49	2.591	401.37	249.96
MEDICAL SUPPLIES	2,154	109,422		261,549.43		2.39	2.609	121.42	6.24
@DENTIST	1,201	4,569	\$	184,044.79	\$	40.28	.109	153.24	4.39
VISITS - DIAGNOSTIC	839	2,696		42,219.61		15.66	.064	50.32	1.01
ORAL SURGERY	192	686		40,414.25		58.91	.016	210.49	.96
DRUGS	5	5		38.00		7.60	.000	7.60	.00
ANESTHESIA	22	22		1,950.00		88.64	.001	88.64	.05
PERIODONTICS	41	56		6,145.00		109.73	.001	149.88	.15
ENDODONTICS	36	51		9,680.00		189.80	.001	268.89	.23
RESTORATIVE DENTISTRY	328	785		51,321.75		65.38	.019	156.47	1.22
PROSTHETICS	9	9		240.00		26.67	.000	26.67	.01
DENTURES, STAYPLATES	88	221		27,380.00		123.89	.005	311.14	.65
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	9	14		2,335.35		166.81	.000	259.48	.06
FRACTURES, DISLOCATIONS	1	1		800.00		800.00	.000	800.00	.02
ORTHODONTIC SERVICES	11	14		1,520.83		108.63	.000	138.26	.04
ALL OTHER SERVICES	9	9		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 6,770
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED								

41,933 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	932	2,758	\$ 60,016.36	\$ 21.76	.066	\$ 64.40	\$ 1.43
DIAGNOSTIC AND ANC. PROCED	469	474	22,048.19	46.52	.011	47.01	.53
EYE APPLIANCES	763	2,170	35,863.61	16.53	.052	47.00	.86
OTHER OPTOMETRIC SERVICES	83	114	2,104.56	18.46	.003	25.36	.05
@CHIROPRACTOR	61	163	\$ 2,649.70	\$ 16.26	.004	\$ 43.44	\$.06
VISITS	54	153	2,528.90	16.53	.004	46.83	.06
OTHER SERVICES	7	10	120.80	12.08	.000	17.26	.00
@PODIATRIST	151	206	\$ 3,199.87	\$ 15.53	.005	\$ 21.19	\$.08
MEDICINE/INJECTIONS	13	13	405.80	31.22	.000	31.22	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	138	193	2,794.07	14.48	.005	20.25	.07
@HOME HEALTH AGENCY	124	1,387	\$ 74,555.26	\$ 53.75	.033	\$ 601.25	\$ 1.78
NURSE ANESTHESIST	28	133	\$ 404.98	\$ 3.04	.003	\$ 14.46	\$.01
NURSE MIDWIFE	17	96	\$ 2,561.75	\$ 26.68	.002	\$ 150.69	\$.06
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	8,809	49,591	\$ 7,297,728.73	\$ 147.16	1.183	\$ 828.44	\$ 174.03
HOSP INPATIENT TOTAL	775	4,032	5,913,084.78	1466.54	.096	7629.79	141.01
HSC HOSPITALS	75	604	955,360.30	1581.72	.014	12738.14	22.78
NON-HSC HOSPITAL TOTAL	454	2,059	4,741,975.29	2303.05	.049	10444.88	113.08
ACCOMMODATIONS	435	2,059	1,499,336.12	728.19	.049	3446.75	35.76
ADMINISTRATIVE DAYS	22	88	18,269.19	207.60	.002	830.42	.44
TRANSITIONAL IP CARE	0	0	302.04	.00	.000	.00	.01
ALL OTHER ACCOM	421	1,971	1,480,764.89	751.28	.047	3517.26	35.31
ANCILLARIES	454	0	3,242,639.17	.00	.000	7142.38	77.33

INPATIENT CROSSOVERS	256	1,369	215,749.19	157.60	.033	842.77	5.15
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	8,491	45,559	1,384,643.95	30.39	1.086	163.07	33.02
MEDICAL	2,923	5,618	317,905.47	56.59	.134	108.76	7.58
SURGERY	491	617	43,916.35	71.18	.015	89.44	1.05
PATHOLOGY	3,776	16,328	217,185.23	13.30	.389	57.52	5.18
RADIOLOGY	1,955	2,927	237,029.51	80.98	.070	121.24	5.65
ROOM USE	2,921	4,601	220,768.52	47.98	.110	75.58	5.26
CROSSOVERS/ALL OTH OUTPTNT	4,234	15,468	347,838.87	22.49	.369	82.15	8.30
@COUNTY HOSPITAL TOTAL	54	272	\$ 28,881.64	\$ 106.18	.006	\$ 534.85	\$.69
CO HOSPITAL INPATIENT TOTAL	4	20	22,702.50	1135.13	.000	5675.63	.54
HSC HOSPITALS	4	20	22,608.00	1130.40	.000	5652.00	.54
NON-HSC HOSPITALS TOTAL	0	0	94.50	.00	.000	.00	.00
ACCOMMODATIONS	0	0	94.50	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	94.50	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	54	252	6,179.14	24.52	.006	114.43	.15
MEDICAL	30	43	1,770.26	41.17	.001	59.01	.04
SURGERY	2	2	57.98	28.99	.000	28.99	.00
PATHOLOGY	20	85	1,196.71	14.08	.002	59.84	.03
RADIOLOGY	11	21	1,089.57	51.88	.001	99.05	.03
ROOM USE	33	41	1,483.10	36.17	.001	44.94	.04
CROSSOVERS/ALL OTH OUTPTNT	21	60	581.52	9.69	.001	27.69	.01

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					----- MONTHLY AVERAGE -----			
41,933 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	8,767	49,319	\$ 7,268,847.09	\$ 147.38	1.176	\$ 829.11	\$ 173.34	
COMM HOSP INPATIENT TOTAL	773	4,012	5,890,382.28	1468.19	.096	7620.16	140.47	
HSC HOSPITALS	71	584	932,752.30	1597.18	.014	13137.36	22.24	
NON-HSC HOSPITALS TOTAL	454	2,059	4,741,880.79	2303.00	.049	10444.67	113.08	
ACCOMMODATIONS	435	2,059	1,499,241.62	728.14	.049	3446.53	35.75	
ADMINISTRATIVE DAYS	22	88	18,174.69	206.53	.002	826.12	.43	
TRANSITIONAL IP CARE	0	0	302.04	.00	.000	.00	.01	
ALL OTHER ACCOM	421	1,971	1,480,764.89	751.28	.047	3517.26	35.31	
ANCILLARIES	454	0	3,242,639.17	.00	.000	7142.38	77.33	
INPATIENT CROSSOVERS	256	1,369	215,749.19	157.60	.033	842.77	5.15	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	8,448	45,307	1,378,464.81	30.42	1.080	163.17	32.87	
MEDICAL	2,895	5,575	316,135.21	56.71	.133	109.20	7.54	
SURGERY	489	615	43,858.37	71.31	.015	89.69	1.05	
PATHOLOGY	3,759	16,243	215,988.52	13.30	.387	57.46	5.15	
RADIOLOGY	1,946	2,906	235,939.94	81.19	.069	121.24	5.63	
ROOM USE	2,893	4,560	219,285.42	48.09	.109	75.80	5.23	
CROSSOVERS/ALL OTH OUTPTNT	4,217	15,408	347,257.35	22.54	.367	82.35	8.28	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	293	8,208	\$ 1,357,888.52	\$ 165.43	.196	\$ 4634.43	\$ 32.38	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	

LEV B-REHAB MD	3	91		11,004.63		120.93	.002	3668.21	.26
LEV B-SUBACUTE FREESTANDING	12	456		262,077.99		574.73	.011	21839.83	6.25
LEV B-SUBACUTE HSPTL BASED	8	242		149,873.08		619.31	.006	18734.14	3.57
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	271	7,419		934,932.82		126.02	.177	3449.94	22.30
@INTERMEDIATE CARE FACIL.-DD	96	2,920	\$	460,119.00	\$	157.58	.070	4792.91	10.97
ICF DDH	72	2,190		326,682.30		149.17	.052	4537.25	7.79
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	24	730		133,436.70		182.79	.017	5559.86	3.18
@HEMODIALYSIS TOTAL	166	1,285	\$	115,942.21	\$	90.23	.031	698.45	2.76
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	166	1,285		115,942.21		90.23	.031	698.45	2.76
@REHABILITATION FACILITY	95	1,146	\$	15,037.82	\$	13.12	.027	158.29	.36
HOSPITAL BASED	4	11		323.09		29.37	.000	80.77	.01
INDEPENDENT FACILITY	91	1,135		14,714.73		12.96	.027	161.70	.35
@LABORATORY FACILITY	1,275	5,787	\$	76,113.09	\$	13.15	.138	59.70	1.82
PATHOLOGY	1,271	5,779		76,046.23		13.16	.138	59.83	1.81
XO AND OTHERS	4	8		66.86		8.36	.000	16.72	.00
@ORGANIZED OUTPATIENT CLINIC	17,522	42,867	\$	3,560,333.77	\$	83.06	1.022	203.19	84.91
CLINIC	195	486		20,298.94		41.77	.012	104.10	.48
SURGICENTER	144	422		17,576.73		41.65	.010	122.06	.42
HEROIN DETOX CLINIC	2	28		343.18		12.26	.001	171.59	.01
RURAL HEALTH CLINIC	17,350	41,931		3,522,114.92		84.00	1.000	203.00	83.99
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
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41,933 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	7,089	371,291	\$ 2,063,541.11	\$ 5.56	8.854	\$ 291.09	\$ 49.21
DURABLE MED. EQUIP.	770	3,984	547,469.88	137.42	.095	711.00	13.06
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	47	73	7,971.10	109.19	.002	169.60	.19
MEDICAL TRANSPORTATION	825	41,126	298,287.60	7.25	.981	361.56	7.11
AMBULANCES/AIR TRANS	515	9,443	148,714.66	15.75	.225	288.77	3.55
OTHER TRANS	81	27,137	57,125.02	2.11	.647	705.25	1.36
OTHER SERVICES	281	4,546	92,447.92	20.34	.108	329.00	2.20
ACUPUNCTURE	1,178	2,966	50,727.24	17.10	.071	43.06	1.21
ADULT DAY HEALTH CARE CTR	174	1,902	126,022.25	66.26	.045	724.27	3.01
GENETIC DISEASE TESTING	18	18	1,476.00	82.00	.000	82.00	.04
IHMC,MODEL-NF,NF,AIDS,MSSP	894	8,800	501,157.34	56.95	.210	560.58	11.95
OCCUPATIONAL THERAPIST	8	63	907.01	14.40	.002	113.38	.02
OPTICIAN	995	2,505	31,626.19	12.63	.060	31.79	.75
PHYSICAL THERAPIST	262	2,486	36,549.23	14.70	.059	139.50	.87
PORTABLE X-RAY	2	4	135.28	33.82	.000	67.64	.00
PROSTHETIST/ORTHOTISTS	138	445	57,965.01	130.26	.011	420.04	1.38
PROSTHETICS	111	414	56,214.07	135.78	.010	506.43	1.34
ORTHOTICS	27	31	1,750.94	56.48	.001	64.85	.04
PSYCHOLOGIST	9	19	1,438.43	75.71	.000	159.83	.03
SPEECH AND AUDIOLOGY	184	648	41,395.59	63.88	.015	224.98	.99
HOSPICE SERVICES	3	34	3,569.83	105.00	.001	1189.94	.09
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	760	15,457	164,943.66	10.67	.369	217.03	3.93
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	1,909	290,761		191,899.47		.66	6.934	100.52	4.58
@CALIF. CHILDREN SERVICES*	572	8,905	\$	827,640.87	\$	92.94	.212	\$ 1446.92	\$ 19.74
@XOVER EXCLUDING STATE HOSP**	4,977	50,275	\$	706,406.65	\$	14.05	1.199	\$ 141.93	\$ 16.85

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MENDOCINO COUNTY

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						----- MONTHLY AVERAGE -----		
48,335 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	25,400	128,896	\$ 8,374,981.50	\$ 64.97	2.667	\$ 329.72	\$ 173.27	
@PHYSICIANS SERVICES	3,637	9,278	\$ 497,606.58	\$ 53.63	.192	\$ 136.82	\$ 10.29	
OUTPATIENT VISITS	1,246	1,532	59,944.68	39.13	.032	48.11	1.24	
OFFICE VISITS	999	1,205	42,917.24	35.62	.025	42.96	.89	
HOME VISITS	2	2	54.98	27.49	.000	27.49	.00	
EMERGENCY ROOM	152	174	7,471.04	42.94	.004	49.15	.15	
PREVENTIVE CARE	1	1	43.85	43.85	.000	43.85	.00	
OB VISITS/COMPRE PERI	69	104	7,976.47	76.70	.002	115.60	.17	
OTHER OUTPATIENT	43	46	1,481.10	32.20	.001	34.44	.03	
INPATIENT VISITS	268	941	70,398.74	74.81	.019	262.68	1.46	
HOSPITAL VISITS	252	706	34,603.01	49.01	.015	137.31	.72	
CRITICAL CARE	38	235	35,795.73	152.32	.005	941.99	.74	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	50	52	2,591.82	49.84	.001	51.84	.05	
EXAMINATIONS	50	52	2,591.82	49.84	.001	51.84	.05	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	224	1,224	112,516.33	91.93	.025	502.31	2.33	
PRINCIPAL SURGEON	138	172	89,086.76	517.95	.004	645.56	1.84	
ASSISTANT SURGEON	21	21	3,838.56	182.79	.000	182.79	.08	
ANESTHESIOLOGIST	97	1,031	19,591.01	19.00	.021	201.97	.41	

OUTPATIENT SURGERY	401	1,651		97,698.68		59.18	.034	243.64	2.02
PRINCIPAL SURGEON	285	357		71,760.23		201.01	.007	251.79	1.48
ASSISTANT SURGEON	3	3		261.81		87.27	.000	87.27	.01
ANESTHESIOLOGIST	167	1,291		25,676.64		19.89	.027	153.75	.53
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	523	821		20,263.99		24.68	.017	38.75	.42
RADIOLOGY	1,611	2,280		68,317.85		29.96	.047	42.41	1.41
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	41	194		42,864.73		220.95	.004	1045.48	.89
OTHER SERVICES/ALL X-OVERS	347	583		23,009.76		39.47	.012	66.31	.48
@PHARMACY	11,042	27,298	\$	1,154,433.16	\$	42.29	.565	104.55	23.88
PRESCRIPTION DRUGS	10,973	24,314		1,142,387.23		46.98	.503	104.11	23.63
SNF/ICF	8	37		2,920.73		78.94	.001	365.09	.06
OUTPATIENTS	10,968	24,277		1,139,466.50		46.94	.502	103.89	23.57
MEDICAL SUPPLIES	212	2,984		12,045.93		4.04	.062	56.82	.25
@DENTIST	1,419	6,053	\$	195,326.46	\$	32.27	.125	137.65	4.04
VISITS - DIAGNOSTIC	1,049	3,913		58,479.38		14.94	.081	55.75	1.21
ORAL SURGERY	214	552		38,448.00		69.65	.011	179.66	.80
DRUGS	22	23		469.00		20.39	.000	21.32	.01
ANESTHESIA	77	79		7,200.00		91.14	.002	93.51	.15
PERIODONTICS	8	8		820.00		102.50	.000	102.50	.02
ENDODONTICS	73	136		14,572.00		107.15	.003	199.62	.30
RESTORATIVE DENTISTRY	455	1,221		68,840.00		56.38	.025	151.30	1.42
PROSTHETICS	5	5		150.00		30.00	.000	30.00	.00
DENTURES, STAYPLATES	8	55		2,089.00		37.98	.001	261.13	.04
SPACE MAINTAINERS	12	17		1,484.00		87.29	.000	123.67	.03
MAXILLOFACIAL SERVICES	7	9		660.08		73.34	.000	94.30	.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	19	29		2,115.00		72.93	.001	111.32	.04
ALL OTHER SERVICES	7	6		.00		.00	.000	.00	.00

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MENDOCINO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						----- MONTHLY AVERAGE -----		
48,335 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	518	1,472	\$ 34,230.44	\$ 23.25	.030	\$ 66.08	\$.71	
DIAGNOSTIC AND ANC. PROCED	385	388	18,206.40	46.92	.008	47.29	.38	
EYE APPLIANCES	391	1,075	15,832.81	14.73	.022	40.49	.33	
OTHER OPTOMETRIC SERVICES	9	9	191.23	21.25	.000	21.25	.00	
@CHIROPRACTOR	54	192	\$ 3,059.76	\$ 15.94	.004	\$ 56.66	\$.06	
VISITS	54	192	3,059.76	15.94	.004	56.66	.06	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	23	26	\$ 990.14	\$ 38.08	.001	\$ 43.05	\$.02	
NURSE ANESTHESIST	1	8	\$ 136.87	\$ 17.11	.000	\$ 136.87	\$.00	
NURSE MIDWIFE	77	353	\$ 14,643.57	\$ 41.48	.007	\$ 190.18	\$.30	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	3	4	\$ 131.38	\$ 32.85	.000	\$ 43.79	\$.00	
@TOTAL HOSPITAL	6,009	27,224	\$ 3,263,634.60	\$ 119.88	.563	\$ 543.12	\$ 67.52	
HOSP INPATIENT TOTAL	306	1,356	2,421,941.45	1786.09	.028	7914.84	50.11	
HSC HOSPITALS	36	322	479,278.02	1488.44	.007	13313.28	9.92	

NON-HSC HOSPITAL TOTAL	275	1,034	1,942,663.43	1878.78	.021	7064.23	40.19
ACCOMMODATIONS	252	1,034	812,183.00	785.48	.021	3222.95	16.80
ADMINISTRATIVE DAYS	4	9	1,848.88	205.43	.000	462.22	.04
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	250	1,025	810,334.12	790.57	.021	3241.34	16.76
ANCILLARIES	275	0	1,130,480.43	.00	.000	4110.84	23.39
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,864	25,868	841,693.15	32.54	.535	143.54	17.41
MEDICAL	3,298	4,994	249,313.89	49.92	.103	75.60	5.16
SURGERY	541	709	53,525.92	75.49	.015	98.94	1.11
PATHOLOGY	2,340	7,261	88,456.12	12.18	.150	37.80	1.83
RADIOLOGY	1,404	1,894	120,125.63	63.42	.039	85.56	2.49
ROOM USE	3,581	4,898	223,918.52	45.72	.101	62.53	4.63
CROSSOVERS/ALL OTH OUTPTNT	2,261	6,112	106,353.07	17.40	.126	47.04	2.20
@COUNTY HOSPITAL TOTAL	8	40	\$ 1,286.51	\$ 32.16	.001	\$ 160.81	\$.03
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8	40	1,286.51	32.16	.001	160.81	.03
MEDICAL	5	6	190.56	31.76	.000	38.11	.00
SURGERY	2	4	128.12	32.03	.000	64.06	.00
PATHOLOGY	2	12	186.71	15.56	.000	93.36	.00
RADIOLOGY	0	0	13.15	.00	.000	.00	.00
ROOM USE	7	9	530.87	58.99	.000	75.84	.01
CROSSOVERS/ALL OTH OUTPTNT	5	9	237.10	26.34	.000	47.42	.00

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					----- MONTHLY AVERAGE -----			
48,335 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	6,002	27,184	\$ 3,262,348.09	\$ 120.01	.562	\$ 543.54	\$ 67.49	
COMM HOSP INPATIENT TOTAL	306	1,356	2,421,941.45	1786.09	.028	7914.84	50.11	
HSC HOSPITALS	36	322	479,278.02	1488.44	.007	13313.28	9.92	
NON-HSC HOSPITALS TOTAL	275	1,034	1,942,663.43	1878.78	.021	7064.23	40.19	
ACCOMMODATIONS	252	1,034	812,183.00	785.48	.021	3222.95	16.80	
ADMINISTRATIVE DAYS	4	9	1,848.88	205.43	.000	462.22	.04	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	250	1,025	810,334.12	790.57	.021	3241.34	16.76	
ANCILLARIES	275	0	1,130,480.43	.00	.000	4110.84	23.39	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	5,857	25,828	840,406.64	32.54	.534	143.49	17.39	
MEDICAL	3,294	4,988	249,123.33	49.94	.103	75.63	5.15	
SURGERY	539	705	53,397.80	75.74	.015	99.07	1.10	
PATHOLOGY	2,338	7,249	88,269.41	12.18	.150	37.75	1.83	
RADIOLOGY	1,404	1,894	120,112.48	63.42	.039	85.55	2.49	
ROOM USE	3,575	4,889	223,387.65	45.69	.101	62.49	4.62	

CROSSOVERS/ALL OTH OUTPTNT	2,256	6,103		106,115.97		17.39	.126	47.04	2.20
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	14	193	\$	2,699.21	\$	13.99	.004	\$ 192.80	\$.06
HOSPITAL BASED	1	1CR		7.19		7.19CR	.000	7.19	.00
INDEPENDENT FACILITY	13	194		2,692.02		13.88	.004	207.08	.06
@LABORATORY FACILITY	1,147	3,245	\$	60,193.93	\$	18.55	.067	\$ 52.48	\$ 1.25
PATHOLOGY	1,147	3,245		60,193.93		18.55	.067	52.48	1.25
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	14,169	27,700	\$	2,793,734.37	\$	100.86	.573	\$ 197.17	\$ 57.80
CLINIC	417	1,614		30,958.90		19.18	.033	74.24	.64
SURGICENTER	53	230		8,666.53		37.68	.005	163.52	.18
HEROIN DETOX CLINIC	2	7		103.71		14.82	.000	51.86	.00
RURAL HEALTH CLINIC	13,862	25,849		2,754,005.23		106.54	.535	198.67	56.98
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						----- MONTHLY AVERAGE -----		
48,335 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	3,382	25,850	\$ 354,161.03	\$ 13.70	.535	\$ 104.72	\$ 7.33	
DURABLE MED. EQUIP.	108	246	13,443.57	54.65	.005	124.48	.28	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	7	13	2,343.93	180.30	.000	334.85	.05	
MEDICAL TRANSPORTATION	204	4,635	131,458.05	28.36	.096	644.40	2.72	
AMBULANCES/AIR TRANS	202	4,604	76,637.01	16.65	.095	379.39	1.59	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	30	31	54,821.04	1768.42	.001	1827.37	1.13	
ACUPUNCTURE	544	1,391	23,760.82	17.08	.029	43.68	.49	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	75	75	5,057.00	67.43	.002	67.43	.10	
IHMC,MODEL-NF,NF,AIDS,MSSP	3	17	2,689.75	158.22	.000	896.58	.06	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	456	1,066	10,529.45	9.88	.022	23.09	.22	
PHYSICAL THERAPIST	89	712	11,610.98	16.31	.015	130.46	.24	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	22	66	8,968.37	135.88	.001	407.65	.19	
PROSTHETICS	15	58	8,516.48	146.84	.001	567.77	.18	
ORTHOTICS	7	8	451.89	56.49	.000	64.56	.01	
PSYCHOLOGIST	6	16	1,187.02	74.19	.000	197.84	.02	
SPEECH AND AUDIOLOGY	28	74	4,510.26	60.95	.002	161.08	.09	

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,874	10,937	134,770.23	12.32	.226	71.92	2.79
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	23	6,602	3,831.60	.58	.137	166.59	.08
@CALIF. CHILDREN SERVICES*	244	1,600	\$ 609,306.54	\$ 380.82	.033	\$ 2497.16	\$ 12.61
@XOVER EXCLUDING STATE HOSP**	2	3	\$ 73.63	\$ 24.54	.000	\$ 36.82	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,777
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE		

100,496 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	67,440	1,054,221	\$ 39,755,400.07	\$ 37.71	10.490	\$ 589.49	\$ 395.59
@PHYSICIANS SERVICES	12,974	36,797	\$ 1,528,362.54	\$ 41.53	.366	\$ 117.80	\$ 15.21
OUTPATIENT VISITS	3,600	4,666	173,708.02	37.23	.046	48.25	1.73
OFFICE VISITS	3,015	3,844	134,396.10	34.96	.038	44.58	1.34
HOME VISITS	8	12	397.98	33.17	.000	49.75	.00
EMERGENCY ROOM	367	448	21,640.90	48.31	.004	58.97	.22
PREVENTIVE CARE	2	2	87.70	43.85	.000	43.85	.00
OB VISITS/COMPRE PERI	86	127	9,868.28	77.70	.001	114.75	.10
OTHER OUTPATIENT	203	233	7,317.06	31.40	.002	36.04	.07
INPATIENT VISITS	840	3,249	186,685.88	57.46	.032	222.25	1.86
HOSPITAL VISITS	753	2,699	129,855.67	48.11	.027	172.45	1.29
CRITICAL CARE	91	364	49,860.40	136.98	.004	547.92	.50
SNF/ICF/TRANS IP CARE	70	186	6,969.81	37.47	.002	99.57	.07
OPHTHALMOLOGICAL SERVICES	207	228	10,431.34	45.75	.002	50.39	.10
EXAMINATIONS	207	228	10,431.34	45.75	.002	50.39	.10
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	550	3,504	273,702.83	78.11	.035	497.64	2.72
PRINCIPAL SURGEON	358	508	206,444.36	406.39	.005	576.66	2.05
ASSISTANT SURGEON	57	59	11,512.96	195.13	.001	201.98	.11
ANESTHESIOLOGIST	236	2,937	55,745.51	18.98	.029	236.21	.55
OUTPATIENT SURGERY	1,072	3,956	285,215.11	72.10	.039	266.06	2.84
PRINCIPAL SURGEON	812	1,118	228,193.00	204.11	.011	281.03	2.27
ASSISTANT SURGEON	9	9	851.52	94.61	.000	94.61	.01
ANESTHESIOLOGIST	357	2,829	56,170.59	19.86	.028	157.34	.56
DIALYSIS	47	99	12,299.26	124.23	.001	261.69	.12
PATHOLOGY	1,125	1,937	51,848.77	26.77	.019	46.09	.52
RADIOLOGY	4,068	6,460	245,448.59	38.00	.064	60.34	2.44
PSYCHIATRY	5	8	299.79	37.47	.000	59.96	.00
IMMUNIZATION AND INJECTION	132	603	65,291.94	108.28	.006	494.64	.65
OTHER SERVICES/ALL X-OVERS	5,145	12,087	223,431.01	18.49	.120	43.43	2.22
@PHARMACY	44,676	330,285	\$ 14,140,741.78	\$ 42.81	3.287	\$ 316.52	\$ 140.71
PRESCRIPTION DRUGS	44,213	162,655	13,788,869.03	84.77	1.619	311.87	137.21
SNF/ICF	590	3,755	257,007.96	68.44	.037	435.61	2.56
OUTPATIENTS	43,707	158,900	13,531,861.07	85.16	1.581	309.60	134.65
MEDICAL SUPPLIES	3,137	167,630	351,872.75	2.10	1.668	112.17	3.50
@DENTIST	2,836	11,282	\$ 411,410.93	\$ 36.47	.112	\$ 145.07	\$ 4.09
VISITS - DIAGNOSTIC	2,040	6,996	106,763.99	15.26	.070	52.34	1.06
ORAL SURGERY	432	1,309	83,516.25	63.80	.013	193.32	.83

DRUGS	27	28	507.00	18.11	.000	18.78	.01
ANESTHESIA	99	101	9,150.00	90.59	.001	92.42	.09
PERIODONTICS	52	70	7,220.00	103.14	.001	138.85	.07
ENDODONTICS	112	191	25,073.00	131.27	.002	223.87	.25
RESTORATIVE DENTISTRY	835	2,119	130,124.75	61.41	.021	155.84	1.29
PROSTHETICS	18	18	480.00	26.67	.000	26.67	.00
DENTURES, STAYPLATES	129	349	39,560.68	113.35	.003	306.67	.39
SPACE MAINTAINERS	12	17	1,484.00	87.29	.000	123.67	.01
MAXILLOFACIAL SERVICES	17	24	3,095.43	128.98	.000	182.08	.03
FRACTURES, DISLOCATIONS	1	1	800.00	800.00	.000	800.00	.01
ORTHODONTIC SERVICES	30	43	3,635.83	84.55	.000	121.19	.04
ALL OTHER SERVICES	17	16	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

	100,496 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,632	4,735	\$	105,047.69	\$ 22.19	.047	\$ 64.37	\$ 1.05
DIAGNOSTIC AND ANC. PROCED	892	900		42,074.90	46.75	.009	47.17	.42
EYE APPLIANCES	1,295	3,643		59,722.07	16.39	.036	46.12	.59
OTHER OPTOMETRIC SERVICES	140	192		3,250.72	16.93	.002	23.22	.03
@CHIROPRACTOR	120	364	\$	5,797.94	\$ 15.93	.004	\$ 48.32	\$.06
VISITS	111	349		5,655.54	16.20	.003	50.95	.06
OTHER SERVICES	9	15		142.40	9.49	.000	15.82	.00
@PODIATRIST	307	528	\$	7,249.72	\$ 13.73	.005	\$ 23.61	\$.07
MEDICINE/INJECTIONS	13	13		405.80	31.22	.000	31.22	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	294	515		6,843.92	13.29	.005	23.28	.07
@HOME HEALTH AGENCY	149	1,415	\$	75,650.39	\$ 53.46	.014	\$ 507.72	\$.75
NURSE ANESTHESIST	50	229	\$	901.95	\$ 3.94	.002	\$ 18.04	\$.01

NURSE MIDWIFE	94	449	\$	17,205.32	\$	38.32	.004	\$	183.04	\$	.17
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	3	4	\$	131.38	\$	32.85	.000	\$	43.79	\$	.00
@TOTAL HOSPITAL	16,007	81,156	\$	10,892,142.17	\$	134.21	.808	\$	680.46	\$	108.38
HOSP INPATIENT TOTAL	1,255	6,133		8,576,227.38		1398.37	.061		6833.65		85.34
HSC HOSPITALS	115	941		1,452,549.28		1543.62	.009		12630.86		14.45
NON-HSC HOSPITAL TOTAL	743	3,144		6,790,003.29		2159.67	.031		9138.63		67.56
ACCOMMODATIONS	701	3,144		2,343,729.49		745.46	.031		3343.41		23.32
ADMINISTRATIVE DAYS	27	103		21,417.06		207.93	.001		793.22		.21
TRANSITIONAL IP CARE	0	0		302.04		.00	.000		.00		.00
ALL OTHER ACCOM	684	3,041		2,322,010.39		763.57	.030		3394.75		23.11
ANCILLARIES	743	0		4,446,273.80		.00	.000		5984.22		44.24
INPATIENT CROSSOVERS	412	2,048		333,674.81		162.93	.020		809.89		3.32
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	15,447	75,023		2,315,914.79		30.87	.747		149.93		23.04
MEDICAL	6,271	10,692		571,487.57		53.45	.106		91.13		5.69
SURGERY	1,049	1,345		99,356.54		73.87	.013		94.72		.99
PATHOLOGY	6,208	23,969		310,007.33		12.93	.239		49.94		3.08
RADIOLOGY	3,393	4,869		362,578.94		74.47	.048		106.86		3.61
ROOM USE	6,559	9,593		449,790.98		46.89	.095		68.58		4.48
CROSSOVERS/ALL OTH OUTPTNT	7,493	24,555		522,693.43		21.29	.244		69.76		5.20
@COUNTY HOSPITAL TOTAL	69	324	\$	36,357.03	\$	112.21	.003	\$	526.91	\$	.36
CO HOSPITAL INPATIENT TOTAL	5	25		28,610.95		1144.44	.000		5722.19		.28
HSC HOSPITALS	5	25		28,516.45		1140.66	.000		5703.29		.28
NON-HSC HOSPITALS TOTAL	0	0		94.50		.00	.000		.00		.00
ACCOMMODATIONS	0	0		94.50		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		94.50		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	68	299		7,746.08		25.91	.003		113.91		.08
MEDICAL	35	49		1,968.99		40.18	.000		56.26		.02
SURGERY	4	6		186.10		31.02	.000		46.53		.00
PATHOLOGY	22	97		1,383.42		14.26	.001		62.88		.01
RADIOLOGY	11	21		1,110.56		52.88	.000		100.96		.01
ROOM USE	40	50		2,037.65		40.75	.000		50.94		.02
CROSSOVERS/ALL OTH OUTPTNT	32	76		1,059.36		13.94	.001		33.11		.01
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MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE										

					----- MONTHLY AVERAGE -----			
100,496 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	15,951	80,832	\$ 10,855,785.14	\$ 134.30	.804	\$ 680.57	\$ 108.02	
COMM HOSP INPATIENT TOTAL	1,252	6,108	8,547,616.43	1399.41	.061	6827.17	85.05	
HSC HOSPITALS	110	916	1,424,032.83	1554.62	.009	12945.75	14.17	
NON-HSC HOSPITALS TOTAL	743	3,144	6,789,908.79	2159.64	.031	9138.50	67.56	
ACCOMMODATIONS	701	3,144	2,343,634.99	745.43	.031	3343.27	23.32	
ADMINISTRATIVE DAYS	27	103	21,322.56	207.02	.001	789.72	.21	
TRANSITIONAL IP CARE	0	0	302.04	.00	.000	.00	.00	
ALL OTHER ACCOM	684	3,041	2,322,010.39	763.57	.030	3394.75	23.11	
ANCILLARIES	743	0	4,446,273.80	.00	.000	5984.22	44.24	
INPATIENT CROSSOVERS	412	2,048	333,674.81	162.93	.020	809.89	3.32	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	15,391	74,724		2,308,168.71		30.89	.744	149.97	22.97
MEDICAL	6,239	10,643		569,518.58		53.51	.106	91.28	5.67
SURGERY	1,045	1,339		99,170.44		74.06	.013	94.90	.99
PATHOLOGY	6,189	23,872		308,623.91		12.93	.238	49.87	3.07
RADIOLOGY	3,384	4,848		361,468.38		74.56	.048	106.82	3.60
ROOM USE	6,525	9,543		447,753.33		46.92	.095	68.62	4.46
CROSSOVERS/ALL OTH OUTPTNT	7,465	24,479		521,634.07		21.31	.244	69.88	5.19
@STATE HOSPITAL	2	59	\$	26,031.70	\$	441.22	.001	\$ 13015.85	\$.26
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	2	59		26,031.70		441.22	.001	13015.85	.26
@NURSING FACILITY	454	11,258	\$	1,773,640.77	\$	157.54	.112	\$ 3906.70	\$ 17.65
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	3	91		11,004.63		120.93	.001	3668.21	.11
LEV B-SUBACUTE FREESTANDING	12	456		262,077.99		574.73	.005	21839.83	2.61
LEV B-SUBACUTE HSPTL BASED	8	242		149,873.08		619.31	.002	18734.14	1.49
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	432	10,469		1,350,685.07		129.02	.104	3126.59	13.44
@INTERMEDIATE CARE FACIL.-DD	96	2,920	\$	460,119.00	\$	157.58	.029	\$ 4792.91	\$ 4.58
ICF DDH	72	2,190		326,682.30		149.17	.022	4537.25	3.25
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	24	730		133,436.70		182.79	.007	5559.86	1.33
@HEMODIALYSIS TOTAL	281	2,352	\$	199,046.61	\$	84.63	.023	\$ 708.35	\$ 1.98
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	281	2,352		199,046.61		84.63	.023	708.35	1.98
@REHABILITATION FACILITY	113	1,347	\$	17,879.01	\$	13.27	.013	\$ 158.22	\$.18
HOSPITAL BASED	5	11		343.09		31.19	.000	68.62	.00
INDEPENDENT FACILITY	108	1,336		17,535.92		13.13	.013	162.37	.17
@LABORATORY FACILITY	2,439	9,139	\$	137,671.12	\$	15.06	.091	\$ 56.45	\$ 1.37
PATHOLOGY	2,432	9,126		137,527.81		15.07	.091	56.55	1.37
XO AND OTHERS	7	13		143.31		11.02	.000	20.47	.00
@ORGANIZED OUTPATIENT CLINIC	34,683	76,021	\$	6,616,223.00	\$	87.03	.756	\$ 190.76	\$ 65.84
CLINIC	617	2,108		51,850.07		24.60	.021	84.04	.52
SURGICENTER	214	681		29,111.12		42.75	.007	136.03	.29
HEROIN DETOX CLINIC	4	35		446.89		12.77	.000	111.72	.00
RURAL HEALTH CLINIC	34,194	73,197		6,534,814.92		89.28	.728	191.11	65.03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,780
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

					----- MONTHLY AVERAGE -----			
100,496 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	13,514	483,881	\$ 3,340,147.05	\$ 6.90	4.815	\$ 247.16	\$ 33.24	
DURABLE MED. EQUIP.	998	4,597	630,702.17	137.20	.046	631.97	6.28	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	99	164	16,828.83	102.61	.002	169.99	.17	
MEDICAL TRANSPORTATION	1,243	63,502	483,603.02	7.62	.632	389.06	4.81	
AMBULANCES/AIR TRANS	738	14,113	228,398.04	16.18	.140	309.48	2.27	
OTHER TRANS	134	42,297	93,663.70	2.21	.421	698.98	.93	
OTHER SERVICES	455	7,092	161,541.28	22.78	.071	355.04	1.61	
ACUPUNCTURE	1,940	4,912	83,900.94	17.08	.049	43.25	.83	
ADULT DAY HEALTH CARE CTR	324	3,422	227,352.51	66.44	.034	701.71	2.26	
GENETIC DISEASE TESTING	93	93	6,533.00	70.25	.001	70.25	.07	
IHMC,MODEL-NF,NF,AIDS,MSSP	2,472	21,243	1,063,036.43	50.04	.211	430.03	10.58	
OCCUPATIONAL THERAPIST	8	63	907.01	14.40	.001	113.38	.01	
OPTICIAN	1,663	4,099	49,494.93	12.07	.041	29.76	.49	
PHYSICAL THERAPIST	397	3,637	53,226.11	14.63	.036	134.07	.53	

PORTABLE X-RAY	2	4	135.28	33.82	.000	67.64	.00
PROSTHETIST/ORTHOTISTS	168	534	67,679.93	126.74	.005	402.86	.67
PROSTHETICS	134	495	65,477.10	132.28	.005	488.64	.65
ORTHOTICS	34	39	2,202.83	56.48	.000	64.79	.02
PSYCHOLOGIST	17	38	2,689.03	70.76	.000	158.18	.03
SPEECH AND AUDIOLOGY	362	1,038	80,887.61	77.93	.010	223.45	.80
HOSPICE SERVICES	3	34	3,569.83	105.00	.000	1189.94	.04
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,652	26,710	302,744.28	11.33	.266	114.16	3.01
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3,073	349,791	266,856.14	.76	3.481	86.84	2.66
@CALIF. CHILDREN SERVICES*	850	11,445	\$ 1,475,619.04	\$ 128.93	.114	\$ 1736.02	\$ 14.68
@XOVER EXCLUDING STATE HOSP**	8,183	73,961	\$ 1,150,425.83	\$ 15.55	.736	\$ 140.59	\$ 11.45

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,781
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED	AID CODE 14 1H 1U

4,075 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,943	33,814	\$ 1,222,591.77	\$ 36.16	8.298	\$ 415.42	\$ 300.02
@PHYSICIANS SERVICES	571	1,904	\$ 42,629.34	\$ 22.39	.467	\$ 74.66	\$ 10.46
OUTPATIENT VISITS	37	45	1,506.44	33.48	.011	40.71	.37
OFFICE VISITS	35	42	1,398.92	33.31	.010	39.97	.34
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	2	89.20	44.60	.000	89.20	.02
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRES PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	18.32	18.32	.000	18.32	.00
INPATIENT VISITS	7	27	936.45	34.68	.007	133.78	.23
HOSPITAL VISITS	7	26	877.55	33.75	.006	125.36	.22
CRITICAL CARE	1	1	58.90	58.90	.000	58.90	.01
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	6	8	372.81	46.60	.002	62.14	.09
EXAMINATIONS	6	8	372.81	46.60	.002	62.14	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	23	1,799.30	78.23	.006	359.86	.44
PRINCIPAL SURGEON	4	5	1,186.88	237.38	.001	296.72	.29
ASSISTANT SURGEON	1	1	107.22	107.22	.000	107.22	.03
ANESTHESIOLOGIST	1	17	505.20	29.72	.004	505.20	.12
OUTPATIENT SURGERY	14	48	4,934.23	102.80	.012	352.45	1.21
PRINCIPAL SURGEON	11	11	4,219.73	383.61	.003	383.61	1.04
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	37	714.50	19.31	.009	142.90	.18
DIALYSIS	7	15	3,106.77	207.12	.004	443.82	.76
PATHOLOGY	10	17	282.10	16.59	.004	28.21	.07
RADIOLOGY	42	62	2,977.77	48.03	.015	70.90	.73
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	3	26.86	8.95	.001	13.43	.01
OTHER SERVICES/ALL X-OVERS	481	1,656	26,686.61	16.12	.406	55.48	6.55
@PHARMACY	2,251	15,820	\$ 574,991.63	\$ 36.35	3.882	\$ 255.44	\$ 141.10
PRESCRIPTION DRUGS	2,228	7,622	561,910.36	73.72	1.870	252.20	137.89

SNF/ICF	33	130		6,145.82	47.28	.032	186.24	1.51
OUTPATIENTS	2,201	7,492		555,764.54	74.18	1.839	252.51	136.38
MEDICAL SUPPLIES	122	8,198		13,081.27	1.60	2.012	107.22	3.21
@DENTIST	84	288	\$	11,399.00	\$ 39.58	.071	\$ 135.70	\$ 2.80
VISITS - DIAGNOSTIC	56	182		2,343.00	12.87	.045	41.84	.57
ORAL SURGERY	6	20		1,112.00	55.60	.005	185.33	.27
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	1	1		260.00	260.00	.000	260.00	.06
RESTORATIVE DENTISTRY	25	54		3,750.00	69.44	.013	150.00	.92
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	15	30		3,934.00	131.13	.007	262.27	.97
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 6,782
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED							
	AID CODE 14 1H 1U							
	----- MONTHLY AVERAGE -----							
4,075 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	80	216	\$	5,157.96	\$ 23.88	.053	\$ 64.47	\$ 1.27
DIAGNOSTIC AND ANC. PROCED	28	30		1,272.02	42.40	.007	45.43	.31
EYE APPLIANCES	56	168		3,349.38	19.94	.041	59.81	.82
OTHER OPTOMETRIC SERVICES	17	18		536.56	29.81	.004	31.56	.13
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	31	33	\$	440.12	\$ 13.34	.008	\$ 14.20	\$.11
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	31	33		440.12	13.34	.008	14.20	.11
@HOME HEALTH AGENCY	2	31	\$	558.36	\$ 18.01	.008	\$ 279.18	\$.14
NURSE ANESTHESIST	14	78	\$	256.05	\$ 3.28	.019	\$ 18.29	\$.06
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	421	2,065	\$	156,985.22	\$ 76.02	.507	\$ 372.89	\$ 38.52
HOSP INPATIENT TOTAL	53	234		116,871.03	499.45	.057	2205.11	28.68
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	5	19		79,172.96	4167.00	.005	15834.59	19.43
ACCOMMODATIONS	5	19		28,040.55	1475.82	.005	5608.11	6.88
ADMINISTRATIVE DAYS	0	0		286.49CR	.00	.000	.00	.07CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	19		28,327.04	1490.90	.005	5665.41	6.95
ANCILLARIES	5	0		51,132.41	.00	.000	10226.48	12.55
INPATIENT CROSSOVERS	48	215		37,698.07	175.34	.053	785.38	9.25
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	391	1,831		40,114.19	21.91	.449	102.59	9.84
MEDICAL	26	54		2,770.56	51.31	.013	106.56	.68
SURGERY	7	8		959.81	119.98	.002	137.12	.24
PATHOLOGY	58	181		2,234.29	12.34	.044	38.52	.55

RADIOLOGY	33	39	2,379.51	61.01	.010	72.11	.58
ROOM USE	27	41	2,734.28	66.69	.010	101.27	.67
CROSSOVERS/ALL OTH OUTPTNT	324	1,508	29,035.74	19.25	.370	89.62	7.13
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,783
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED						AID CODE 14 1H 1U

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
4,075 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	421	2,065	\$ 156,985.22	\$ 76.02	.507	\$ 372.89	\$ 38.52
COMM HOSP INPATIENT TOTAL	53	234	116,871.03	499.45	.057	2205.11	28.68
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	5	19	79,172.96	4167.00	.005	15834.59	19.43
ACCOMMODATIONS	5	19	28,040.55	1475.82	.005	5608.11	6.88

ADMINISTRATIVE DAYS	0	0	286.49CR	.00	.000	.00	.07CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	19	28,327.04	1490.90	.005	5665.41	6.95
ANCILLARIES	5	0	51,132.41	.00	.000	10226.48	12.55
INPATIENT CROSSOVERS	48	215	37,698.07	175.34	.053	785.38	9.25
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	391	1,831	40,114.19	21.91	.449	102.59	9.84
MEDICAL	26	54	2,770.56	51.31	.013	106.56	.68
SURGERY	7	8	959.81	119.98	.002	137.12	.24
PATHOLOGY	58	181	2,234.29	12.34	.044	38.52	.55
RADIOLOGY	33	39	2,379.51	61.01	.010	72.11	.58
ROOM USE	27	41	2,734.28	66.69	.010	101.27	.67
CROSSOVERS/ALL OTH OUTPTNT	324	1,508	29,035.74	19.25	.370	89.62	7.13
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	65	1,149	152,135.77	132.41	.282	2340.55	37.33
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	65	1,149	152,135.77	132.41	.282	2340.55	37.33
@INTERMEDIATE CARE FACIL.--DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	35	544	25,244.80	46.41	.133	721.28	6.20
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	35	544	25,244.80	46.41	.133	721.28	6.20
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	21	102	1,246.49	12.22	.025	59.36	.31
PATHOLOGY	20	101	1,242.47	12.30	.025	62.12	.30
XO AND OTHERS	1	1	4.02	4.02	.000	4.02	.00
@ORGANIZED OUTPATIENT CLINIC	1,056	2,065	117,742.17	57.02	.507	111.50	28.89
CLINIC	5	50	999.69	19.99	.012	199.94	.25
SURGICENTER	16	19	1,132.31	59.60	.005	70.77	.28
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,043	1,996	115,610.17	57.92	.490	110.84	28.37

#CALIF DEPT OF HEALTH SERV MOP024
MENDOCINO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - NO SOC - AGED

AID CODE 14 1H 1U

PAGE 6,784
01/17/03

	4,075 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	567	9,519	\$	133,804.86	\$ 14.06	2.336	\$ 235.99	\$ 32.84
DURABLE MED. EQUIP.	23	43		13,396.43	311.54	.011	582.45	3.29
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	8	14		2,440.11	174.29	.003	305.01	.60
MEDICAL TRANSPORTATION	39	2,696		11,514.85	4.27	.662	295.25	2.83
AMBULANCES/AIR TRANS	1	70		502.98	7.19	.017	502.98	.12
OTHER TRANS	8	1,892		5,996.03	3.17	.464	749.50	1.47
OTHER SERVICES	31	734		5,015.84	6.83	.180	161.80	1.23
ACUPUNCTURE	20	58		973.19	16.78	.014	48.66	.24

----- MONTHLY AVERAGE -----

ADULT DAY HEALTH CARE CTR	14	184	12,281.93	66.75	.045	877.28	3.01
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	216	1,245	70,715.09	56.80	.306	327.38	17.35
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	84	216	2,950.36	13.66	.053	35.12	.72
PHYSICAL THERAPIST	11	109	919.04	8.43	.027	83.55	.23
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	5	489.22	97.84	.001	244.61	.12
PROSTHETICS	2	5	489.22	97.84	.001	244.61	.12
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	28	57	5,024.06	88.14	.014	179.43	1.23
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	234	4,892	13,100.58	2.68	1.200	55.99	3.21
@CALIF. CHILDREN SERVICES*	0	8CR	\$ 141.71CR	\$ 17.71	.002CR\$	.00	\$.03CR
@XOVER EXCLUDING STATE HOSP**	942	5,142	\$ 141,635.71	\$ 27.54	1.262	\$ 150.36	\$ 34.76

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,785
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MENDOCINO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND

AID CODE 24

30 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	27	1,597	\$ 15,969.89	\$ 10.00	53.233	\$	591.48	\$ 532.33
@PHYSICIANS SERVICES	8	85	\$ 691.92	\$ 8.14	2.833	\$	86.49	\$ 23.06
OUTPATIENT VISITS	2	3	70.36	23.45	.100		35.18	2.35
OFFICE VISITS	2	3	70.36	23.45	.100		35.18	2.35
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	39.86	39.86	.033		39.86	1.33
EXAMINATIONS	1	1	39.86	39.86	.033		39.86	1.33
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	1	1	225.04	225.04	.033		225.04	7.50
PATHOLOGY	0	0	.00	.00	.000		.00	.00

RADIOLOGY	2	3		50.16		16.72	.100	25.08	1.67
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	6	77		306.50		3.98	2.567	51.08	10.22
@PHARMACY	15	34	\$	2,972.67	\$	87.43	1.133	198.18	99.09
PRESCRIPTION DRUGS	15	34		2,972.67		87.43	1.133	198.18	99.09
SNF/ICF	1	1		35.56		35.56	.033	35.56	1.19
OUTPATIENTS	14	33		2,937.11		89.00	1.100	209.79	97.90
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	.00	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
MOP024	FEE-FOR-SERVICE/DENTAL								
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND								
						AID CODE 24		PAGE 6,786	
								01/17/03	

30 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	4	\$ 123.15	\$ 30.79	.133	\$ 61.58	\$ 4.11
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.033	47.45	1.58
EYE APPLIANCES	1	3	53.11	17.70	.100	53.11	1.77
OTHER OPTOMETRIC SERVICES	1	0	22.59	.00	.000	22.59	.75
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	1	\$ 24.69	\$ 24.69	.033	\$ 24.69	\$.82
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	1	24.69	24.69	.033	24.69	.82
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	24.69	24.69	.033	24.69	.82
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,787
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

30 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	1	\$ 24.69	\$ 24.69	.033	\$ 24.69	\$.82
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	1	24.69	24.69	.033	24.69	.82
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	24.69	24.69	.033	24.69	.82
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	31	\$ 3,571.51	\$ 115.21	1.033	\$ 3571.51	\$ 119.05
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	1	31		3,571.51	115.21	1.033	3571.51	119.05	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	2	133	\$	3,168.34	\$ 23.82	4.433	\$ 1584.17	\$ 105.61	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	2	133		3,168.34	23.82	4.433	1584.17	105.61	
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	3	11	\$	133.55	\$ 12.14	.367	\$ 44.52	\$ 4.45	
PATHOLOGY	3	11		133.55	12.14	.367	44.52	4.45	
XO AND OTHERS	0	0		.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	9	20	\$	1,900.72	\$ 95.04	.667	\$ 211.19	\$ 63.36	
CLINIC	0	0		.00	.00	.000	.00	.00	
SURGICENTER	0	0		.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	9	20		1,900.72	95.04	.667	211.19	63.36	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 6,788
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND								AID CODE 24

30 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6	1,278	\$ 3,383.34	\$ 2.65	42.600	\$ 563.89	\$ 112.78
DURABLE MED. EQUIP.	1	2	83.51	41.76	.067	83.51	2.78
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	1,263	3,195.44	2.53	42.100	1065.15	106.51
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	1,123	2,702.50	2.41	37.433	2702.50	90.08
OTHER SERVICES	2	140	492.94	3.52	4.667	246.47	16.43
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	5	53.96	10.79	.167	53.96	1.80
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	8	50.43	6.30	.267	50.43	1.68
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	7	225	896.15	3.98	7.500	128.02	29.87

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,789
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G	

2,852 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,610	35,685	\$ 1,827,982.29	\$ 51.23	12.512	\$ 700.38	\$ 640.95
@PHYSICIANS SERVICES	511	1,671	\$ 64,352.42	\$ 38.51	.586	\$ 125.93	\$ 22.56
OUTPATIENT VISITS	96	154	5,328.86	34.60	.054	55.51	1.87
OFFICE VISITS	89	141	4,786.91	33.95	.049	53.79	1.68
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	9	435.81	48.42	.003	145.27	.15
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	4	106.14	26.54	.001	26.54	.04
INPATIENT VISITS	25	164	7,499.10	45.73	.058	299.96	2.63
HOSPITAL VISITS	25	153	6,446.10	42.13	.054	257.84	2.26
CRITICAL CARE	5	10	1,025.50	102.55	.004	205.10	.36
SNF/ICF/TRANS IP CARE	1	1	27.50	27.50	.000	27.50	.01
OPHTHALMOLOGICAL SERVICES	11	11	523.16	47.56	.004	47.56	.18
EXAMINATIONS	11	11	523.16	47.56	.004	47.56	.18
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	21	186	10,857.58	58.37	.065	517.03	3.81
PRINCIPAL SURGEON	14	25	8,124.43	324.98	.009	580.32	2.85
ASSISTANT SURGEON	2	2	459.98	229.99	.001	229.99	.16
ANESTHESIOLOGIST	8	159	2,273.17	14.30	.056	284.15	.80

OUTPATIENT SURGERY	34	72		11,306.39	157.03	.025	332.54	3.96
PRINCIPAL SURGEON	32	43		10,478.24	243.68	.015	327.45	3.67
ASSISTANT SURGEON	1	1		141.88	141.88	.000	141.88	.05
ANESTHESIOLOGIST	5	28		686.27	24.51	.010	137.25	.24
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	33	54		1,605.28	29.73	.019	48.64	.56
RADIOLOGY	97	266		14,532.43	54.63	.093	149.82	5.10
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	5		1,553.26	310.65	.002	310.65	.54
OTHER SERVICES/ALL X-OVERS	323	759		11,146.36	14.69	.266	34.51	3.91
@PHARMACY	2,075	18,629	\$	940,625.96	\$ 50.49	6.532	\$ 453.31	\$ 329.81
PRESCRIPTION DRUGS	2,051	8,343		928,911.06	111.34	2.925	452.91	325.71
SNF/ICF	17	151		8,414.34	55.72	.053	494.96	2.95
OUTPATIENTS	2,034	8,192		920,496.72	112.37	2.872	452.55	322.75
MEDICAL SUPPLIES	128	10,286		11,714.90	1.14	3.607	91.52	4.11
@DENTIST	87	404	\$	15,392.75	\$ 38.10	.142	\$ 176.93	\$ 5.40
VISITS - DIAGNOSTIC	63	237		3,025.75	12.77	.083	48.03	1.06
ORAL SURGERY	18	76		4,503.00	59.25	.027	250.17	1.58
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	2	2		100.00	50.00	.001	50.00	.04
PERIODONTICS	3	4		585.00	146.25	.001	195.00	.21
ENDODONTICS	1	1		215.00	215.00	.000	215.00	.08
RESTORATIVE DENTISTRY	25	41		3,508.00	85.56	.014	140.32	1.23
PROSTHETICS	1	1		30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	9	42		3,426.00	81.57	.015	380.67	1.20
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 6,790
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G							
2,852 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	----- MONTHLY AVERAGE -----		
		OR DAYS OF CARE			PER UNIT/DAY	UNITS/DAYS	COST PER	COST PER
						PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	69	200	\$	4,590.78	\$ 22.95	.070	\$ 66.53	\$ 1.61
DIAGNOSTIC AND ANC. PROCED	27	27		1,248.80	46.25	.009	46.25	.44
EYE APPLIANCES	52	157		3,008.86	19.16	.055	57.86	1.06
OTHER OPTOMETRIC SERVICES	11	16		333.12	20.82	.006	30.28	.12
@CHIROPRACTOR	3	11	\$	158.84	\$ 14.44	.004	\$ 52.95	\$.06
VISITS	2	9		125.40	13.93	.003	62.70	.04
OTHER SERVICES	1	2		33.44	16.72	.001	33.44	.01
@PODIATRIST	19	21	\$	476.89	\$ 22.71	.007	\$ 25.10	\$.17
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	19	21		476.89	22.71	.007	25.10	.17
@HOME HEALTH AGENCY	7	41	\$	2,934.11	\$ 71.56	.014	\$ 419.16	\$ 1.03
NURSE ANESTHESIST	7	28	\$	142.51	\$ 5.09	.010	\$ 20.36	\$.05
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	556	2,469	\$	502,524.39	\$ 203.53	.866	\$ 903.82	\$ 176.20
HOSP INPATIENT TOTAL	56	344		435,201.04	1265.12	.121	7771.45	152.60
HSC HOSPITALS	4	29		44,758.00	1543.38	.010	11189.50	15.69

NON-HSC HOSPITAL TOTAL	22	181	364,086.47	2011.53	.063	16549.39	127.66
ACCOMMODATIONS	22	181	102,881.11	568.40	.063	4676.41	36.07
ADMINISTRATIVE DAYS	3	4	1,078.19	269.55	.001	359.40	.38
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	20	177	101,802.92	575.16	.062	5090.15	35.70
ANCILLARIES	22	0	261,205.36	.00	.000	11872.97	91.59
INPATIENT CROSSOVERS	33	134	26,356.57	196.69	.047	798.68	9.24
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	521	2,125	67,323.35	31.68	.745	129.22	23.61
MEDICAL	88	157	9,280.67	59.11	.055	105.46	3.25
SURGERY	25	28	1,890.98	67.54	.010	75.64	.66
PATHOLOGY	176	733	8,510.98	11.61	.257	48.36	2.98
RADIOLOGY	76	122	10,427.93	85.47	.043	137.21	3.66
ROOM USE	106	160	7,333.06	45.83	.056	69.18	2.57
CROSSOVERS/ALL OTH OUTPTNT	340	925	29,879.73	32.30	.324	87.88	10.48
@COUNTY HOSPITAL TOTAL	3	51	\$ 727.35	\$ 14.26	.018	\$ 242.45	\$.26
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	51	727.35	14.26	.018	242.45	.26
MEDICAL	2	6	161.72	26.95	.002	80.86	.06
SURGERY	2	2	37.06	18.53	.001	18.53	.01
PATHOLOGY	1	22	167.66	7.62	.008	167.66	.06
RADIOLOGY	1	8	119.89	14.99	.003	119.89	.04
ROOM USE	2	3	103.60	34.53	.001	51.80	.04
CROSSOVERS/ALL OTH OUTPTNT	2	10	137.42	13.74	.004	68.71	.05

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

	2,852 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	553	2,418	\$	501,797.04	\$ 207.53	.848	\$ 907.41	\$ 175.95
COMM HOSP INPATIENT TOTAL	56	344		435,201.04	1265.12	.121	7771.45	152.60
HSC HOSPITALS	4	29		44,758.00	1543.38	.010	11189.50	15.69
NON-HSC HOSPITALS TOTAL	22	181		364,086.47	2011.53	.063	16549.39	127.66
ACCOMMODATIONS	22	181		102,881.11	568.40	.063	4676.41	36.07
ADMINISTRATIVE DAYS	3	4		1,078.19	269.55	.001	359.40	.38
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	20	177		101,802.92	575.16	.062	5090.15	35.70
ANCILLARIES	22	0		261,205.36	.00	.000	11872.97	91.59
INPATIENT CROSSOVERS	33	134		26,356.57	196.69	.047	798.68	9.24
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	518	2,074		66,596.00	32.11	.727	128.56	23.35
MEDICAL	86	151		9,118.95	60.39	.053	106.03	3.20
SURGERY	23	26		1,853.92	71.30	.009	80.61	.65
PATHOLOGY	175	711		8,343.32	11.73	.249	47.68	2.93
RADIOLOGY	75	114		10,308.04	90.42	.040	137.44	3.61
ROOM USE	104	157		7,229.46	46.05	.055	69.51	2.53

CROSSOVERS/ALL OTH OUTPTNT	338	915		29,742.31	32.51	.321	88.00	10.43	
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00	
@NURSING FACILITY	15	140	\$	23,209.83	\$ 165.78	.049	\$ 1547.32	\$ 8.14	
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	15	140		23,209.83	165.78	.049	1547.32	8.14	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	15	19	\$	10,527.09	\$ 554.06	.007	\$ 701.81	\$ 3.69	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	15	19		10,527.09	554.06	.007	701.81	3.69	
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	42	213	\$	1,587.95	\$ 7.46	.075	\$ 37.81	\$.56	
PATHOLOGY	42	213		1,587.95	7.46	.075	37.81	.56	
XO AND OTHERS	0	0		.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	1,199	2,944	\$	183,033.72	\$ 62.17	1.032	\$ 152.66	\$ 64.18	
CLINIC	2	3		135.04	45.01	.001	67.52	.05	
SURGICENTER	12	30		1,230.62	41.02	.011	102.55	.43	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	1,191	2,911		181,668.06	62.41	1.021	152.53	63.70	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 6,792
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G								

2,852 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	390	8,895	\$	78,425.05	\$ 8.82	3.119	\$ 201.09	\$ 27.50
DURABLE MED. EQUIP.	23	68		5,820.95	85.60	.024	253.08	2.04
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	3		2,466.05	822.02	.001	1233.03	.86
MEDICAL TRANSPORTATION	39	952		11,299.47	11.87	.334	289.73	3.96
AMBULANCES/AIR TRANS	10	352		4,837.18	13.74	.123	483.72	1.70
OTHER TRANS	5	127		312.25	2.46	.045	62.45	.11
OTHER SERVICES	26	473		6,150.04	13.00	.166	236.54	2.16
ACUPUNCTURE	47	114		1,946.37	17.07	.040	41.41	.68
ADULT DAY HEALTH CARE CTR	12	92		6,135.89	66.69	.032	511.32	2.15
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	55	456		32,845.95	72.03	.160	597.20	11.52
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	77	208		2,685.33	12.91	.073	34.87	.94
PHYSICAL THERAPIST	13	78		1,413.00	18.12	.027	108.69	.50
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	33		4,198.86	127.24	.012	1399.62	1.47
PROSTHETICS	3	33		4,198.86	127.24	.012	1399.62	1.47
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	6	11		392.40	35.67	.004	65.40	.14

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8	88	907.08	10.31	.031	113.39	.32
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	160	6,792	8,313.70	1.22	2.381	51.96	2.92
@CALIF. CHILDREN SERVICES*	9	50	\$ 9,818.76	\$ 196.38	.018	\$ 1090.97	\$ 3.44
@XOVER EXCLUDING STATE HOSP**	632	4,175	\$ 77,616.85	\$ 18.59	1.464	\$ 122.81	\$ 27.21

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,793
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR	MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J	

	82,695 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	39,385	253,711	\$ 14,422,513.93	\$ 56.85	3.068	\$ 366.19	\$ 174.41	
@PHYSICIANS SERVICES	6,711	19,212	\$ 1,114,611.38	\$ 58.02	.232	\$ 166.09	\$ 13.48	
OUTPATIENT VISITS	2,006	2,652	109,777.69	41.39	.032	54.72	1.33	
OFFICE VISITS	1,548	1,913	65,791.84	34.39	.023	42.50	.80	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	146	164	7,908.03	48.22	.002	54.16	.10	
PREVENTIVE CARE	1	1	43.85	43.85	.000	43.85	.00	
OB VISITS/COMPRE PERI	269	488	33,308.28	68.25	.006	123.82	.40	
OTHER OUTPATIENT	81	86	2,725.69	31.69	.001	33.65	.03	
INPATIENT VISITS	677	2,448	157,018.39	64.14	.030	231.93	1.90	
HOSPITAL VISITS	642	1,965	85,679.85	43.60	.024	133.46	1.04	
CRITICAL CARE	98	483	71,338.54	147.70	.006	727.94	.86	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	83	92	4,466.25	48.55	.001	53.81	.05	

EXAMINATIONS	83	92		4,466.25	48.55	.001	53.81	.05
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	655	3,532		380,504.85	107.73	.043	580.92	4.60
PRINCIPAL SURGEON	425	517		309,474.30	598.60	.006	728.17	3.74
ASSISTANT SURGEON	69	70		14,990.16	214.15	.001	217.25	.18
ANESTHESIOLOGIST	263	2,945		56,040.39	19.03	.036	213.08	.68
OUTPATIENT SURGERY	813	2,886		182,006.10	63.07	.035	223.87	2.20
PRINCIPAL SURGEON	608	729		136,695.26	187.51	.009	224.83	1.65
ASSISTANT SURGEON	6	6		594.25	99.04	.000	99.04	.01
ANESTHESIOLOGIST	305	2,151		44,716.59	20.79	.026	146.61	.54
DIALYSIS	10	22		2,867.18	130.33	.000	286.72	.03
PATHOLOGY	1,220	1,873		51,418.69	27.45	.023	42.15	.62
RADIOLOGY	2,774	4,184		152,960.40	36.56	.051	55.14	1.85
PSYCHIATRY	1	1		29.18	29.18	.000	29.18	.00
IMMUNIZATION AND INJECTION	93	267		17,553.04	65.74	.003	188.74	.21
OTHER SERVICES/ALL X-OVERS	690	1,255		56,009.61	44.63	.015	81.17	.68
@PHARMACY	16,274	40,315	\$	1,640,416.67	\$ 40.69	.488	\$ 100.80	\$ 19.84
PRESCRIPTION DRUGS	16,113	33,861		1,593,942.85	47.07	.409	98.92	19.27
SNF/ICF	2	2		44.05	22.03	.000	22.03	.00
OUTPATIENTS	16,113	33,859		1,593,898.80	47.07	.409	98.92	19.27
MEDICAL SUPPLIES	435	6,454		46,473.82	7.20	.078	106.84	.56
@DENTIST	1,627	6,288	\$	208,493.33	\$ 33.16	.076	\$ 128.15	\$ 2.52
VISITS - DIAGNOSTIC	1,199	4,099		64,470.17	15.73	.050	53.77	.78
ORAL SURGERY	255	663		50,013.50	75.44	.008	196.13	.60
DRUGS	18	19		301.00	15.84	.000	16.72	.00
ANESTHESIA	75	76		7,115.00	93.62	.001	94.87	.09
PERIODONTICS	15	15		1,470.00	98.00	.000	98.00	.02
ENDODONTICS	61	124		11,340.00	91.45	.001	185.90	.14
RESTORATIVE DENTISTRY	526	1,238		68,781.75	55.56	.015	130.76	.83
PROSTHETICS	3	3		90.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	5	12		2,607.00	217.25	.000	521.40	.03
SPACE MAINTAINERS	7	7		880.00	125.71	.000	125.71	.01
MAXILLOFACIAL SERVICES	8	12		1,030.20	85.85	.000	128.78	.01
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	6	9		394.71	43.86	.000	65.79	.00
ALL OTHER SERVICES	7	11		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 6,794
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J							

	82,695 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	690	2,032	\$	47,231.08	\$ 23.24	.025	\$ 68.45	\$.57
DIAGNOSTIC AND ANC. PROCED	517	521		24,418.11	46.87	.006	47.23	.30
EYE APPLIANCES	526	1,492		22,285.23	14.94	.018	42.37	.27
OTHER OPTOMETRIC SERVICES	19	19		527.74	27.78	.000	27.78	.01
@CHIROPRACTOR	57	121	\$	1,981.32	\$ 16.37	.001	\$ 34.76	\$.02
VISITS	57	121		1,981.32	16.37	.001	34.76	.02
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$	151.90	\$ 151.90	.000	\$ 151.90	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	1	1		151.90	151.90	.000	151.90	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	80	254	\$	16,575.28	\$ 65.26	.003	\$ 207.19	\$.20
NURSE ANESTHESIST	1	6	\$	3.37	\$.56	.000	\$ 3.37	\$.00

NURSE MIDWIFE	337	1,543	\$	47,038.38	\$	30.49	.019	\$	139.58	\$	.57
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	10,131	50,952	\$	6,807,990.59	\$	133.62	.616	\$	672.00	\$	82.33
HOSP INPATIENT TOTAL	704	3,020		5,376,021.80		1780.14	.037		7636.39		65.01
HSC HOSPITALS	64	642		987,636.04		1538.37	.008		15431.81		11.94
NON-HSC HOSPITAL TOTAL	651	2,378		4,388,385.76		1845.41	.029		6740.99		53.07
ACCOMMODATIONS	605	2,378		1,651,468.13		694.48	.029		2729.70		19.97
ADMINISTRATIVE DAYS	9	39		8,676.47		222.47	.000		964.05		.10
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	600	2,339		1,642,791.66		702.35	.028		2737.99		19.87
ANCILLARIES	651	0		2,736,917.63		.00	.000		4204.17		33.10
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	9,789	47,932		1,431,968.79		29.88	.580		146.28		17.32
MEDICAL	4,611	6,823		349,764.45		51.26	.083		75.85		4.23
SURGERY	850	1,071		76,904.30		71.81	.013		90.48		.93
PATHOLOGY	4,596	15,887		182,813.27		11.51	.192		39.78		2.21
RADIOLOGY	2,216	3,012		214,911.27		71.35	.036		96.98		2.60
ROOM USE	5,239	7,374		325,513.91		44.14	.089		62.13		3.94
CROSSOVERS/ALL OTH OUTPTNT	3,734	13,765		282,061.59		20.49	.166		75.54		3.41
@COUNTY HOSPITAL TOTAL	17	124	\$	98,272.69	\$	792.52	.001	\$	5780.75	\$	1.19
CO HOSPITAL INPATIENT TOTAL	3	81		96,795.02		1195.00	.001		32265.01		1.17
HSC HOSPITALS	3	81		96,795.02		1195.00	.001		32265.01		1.17
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	14	43		1,477.67		34.36	.001		105.55		.02
MEDICAL	6	8		390.45		48.81	.000		65.08		.00
SURGERY	1	3		86.97		28.99	.000		86.97		.00
PATHOLOGY	2	9		164.19		18.24	.000		82.10		.00
RADIOLOGY	1	2		76.47		38.24	.000		76.47		.00
ROOM USE	11	14		556.67		39.76	.000		50.61		.01
CROSSOVERS/ALL OTH OUTPTNT	6	7		202.92		28.99	.000		33.82		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 6,795
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J										

		----- MONTHLY AVERAGE -----						
	82,695 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10,116	50,828	\$	6,709,717.90	\$ 132.01	.615	\$ 663.28	\$ 81.14
COMM HOSP INPATIENT TOTAL	701	2,939		5,279,226.78	1796.27	.036	7530.99	63.84
HSC HOSPITALS	61	561		890,841.02	1587.95	.007	14603.95	10.77
NON-HSC HOSPITALS TOTAL	651	2,378		4,388,385.76	1845.41	.029	6740.99	53.07
ACCOMMODATIONS	605	2,378		1,651,468.13	694.48	.029	2729.70	19.97
ADMINISTRATIVE DAYS	9	39		8,676.47	222.47	.000	964.05	.10
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	600	2,339		1,642,791.66	702.35	.028	2737.99	19.87
ANCILLARIES	651	0		2,736,917.63	.00	.000	4204.17	33.10
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	9,776	47,889		1,430,491.12		29.87	.579	146.33	17.30
MEDICAL	4,605	6,815		349,374.00		51.27	.082	75.87	4.22
SURGERY	849	1,068		76,817.33		71.93	.013	90.48	.93
PATHOLOGY	4,595	15,878		182,649.08		11.50	.192	39.75	2.21
RADIOLOGY	2,215	3,010		214,834.80		71.37	.036	96.99	2.60
ROOM USE	5,229	7,360		324,957.24		44.15	.089	62.15	3.93
CROSSOVERS/ALL OTH OUTPTNT	3,729	13,758		281,858.67		20.49	.166	75.59	3.41
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	1	8	\$	1,760.88	\$	220.11	.000	\$ 1760.88	\$.02
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	1	8		1,760.88		220.11	.000	1760.88	.02
@INTERMEDIATE CARE FACIL.-DD	1	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	1	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	13	584	\$	42,301.34	\$	72.43	.007	\$ 3253.95	\$.51
HOSPITAL BASED	4	47		17,780.10		378.30	.001	4445.03	.22
HEMODIALYSIS CENTER	9	537		24,521.24		45.66	.006	2724.58	.30
@REHABILITATION FACILITY	15	70	\$	1,145.89	\$	16.37	.001	\$ 76.39	\$.01
HOSPITAL BASED	1	2CR		15.58		7.79CR	.000	15.58	.00
INDEPENDENT FACILITY	14	72		1,130.31		15.70	.001	80.74	.01
@LABORATORY FACILITY	2,054	5,436	\$	105,233.31	\$	19.36	.066	\$ 51.23	\$ 1.27
PATHOLOGY	2,054	5,436		105,233.31		19.36	.066	51.23	1.27
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	21,667	40,769	\$	3,896,482.26	\$	95.57	.493	\$ 179.83	\$ 47.12
CLINIC	572	2,307		50,236.34		21.78	.028	87.83	.61
SURGICENTER	55	256		9,679.33		37.81	.003	175.99	.12
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	21,230	38,206		3,836,566.59		100.42	.462	180.71	46.39

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,796
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

	82,695 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4,035	86,120	\$	491,096.95	\$ 5.70	1.041	\$ 121.71	\$ 5.94
DURABLE MED. EQUIP.	99	194		17,475.60	90.08	.002	176.52	.21
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	21		1,020.53	48.60	.000	145.79	.01
MEDICAL TRANSPORTATION	277	12,109		217,872.89	17.99	.146	786.54	2.63
AMBULANCES/AIR TRANS	269	7,638		128,405.65	16.81	.092	477.34	1.55
OTHER TRANS	3	4,420		9,519.39	2.15	.053	3173.13	.12
OTHER SERVICES	48	51		79,947.85	1567.60	.001	1665.58	.97
ACUPUNCTURE	894	2,166		37,094.55	17.13	.026	41.49	.45
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	293	294		22,922.00	77.97	.004	78.23	.28
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	2	10		159.93	15.99	.000	79.97	.00
OPTICIAN	596	1,418		14,820.06	10.45	.017	24.87	.18
PHYSICAL THERAPIST	115	1,033		16,985.62	16.44	.012	147.70	.21

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	45	111	13,773.15	124.08	.001	306.07	.17
PROSTHETICS	29	90	12,749.81	141.66	.001	439.65	.15
ORTHOTICS	16	21	1,023.34	48.73	.000	63.96	.01
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	34	63	5,057.16	80.27	.001	148.74	.06
HOSPICE SERVICES	1	11	1,216.16	110.56	.000	1216.16	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,606	9,108	108,955.58	11.96	.110	67.84	1.32
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	139	59,582	33,743.72	.57	.721	242.76	.41
@CALIF. CHILDREN SERVICES*	395	3,421	\$ 1,266,347.15	\$ 370.17	.041	\$ 3205.94	\$ 15.31
@XOVER EXCLUDING STATE HOSP**	70	169	\$ 3,115.61	\$ 18.44	.002	\$ 44.51	\$.04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,797
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC	

89,652 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	44,965	324,807	\$ 17,489,057.88	\$ 53.84	3.623	\$ 388.95	\$ 195.08
@PHYSICIANS SERVICES	7,801	22,872	\$ 1,222,285.06	\$ 53.44	.255	\$ 156.68	\$ 13.63
OUTPATIENT VISITS	2,141	2,854	116,683.35	40.88	.032	54.50	1.30
OFFICE VISITS	1,674	2,099	72,048.03	34.32	.023	43.04	.80
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	150	175	8,433.04	48.19	.002	56.22	.09
PREVENTIVE CARE	1	1	43.85	43.85	.000	43.85	.00
OB VISITS/COMPRE PERI	269	488	33,308.28	68.25	.005	123.82	.37
OTHER OUTPATIENT	86	91	2,850.15	31.32	.001	33.14	.03
INPATIENT VISITS	709	2,639	165,453.94	62.70	.029	233.36	1.85
HOSPITAL VISITS	674	2,144	93,003.50	43.38	.024	137.99	1.04
CRITICAL CARE	104	494	72,422.94	146.61	.006	696.37	.81
SNF/ICF/TRANS IP CARE	1	1	27.50	27.50	.000	27.50	.00
OPHTHALMOLOGICAL SERVICES	101	112	5,402.08	48.23	.001	53.49	.06
EXAMINATIONS	101	112	5,402.08	48.23	.001	53.49	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	681	3,741	393,161.73	105.10	.042	577.33	4.39
PRINCIPAL SURGEON	443	547	318,785.61	582.79	.006	719.61	3.56
ASSISTANT SURGEON	72	73	15,557.36	213.11	.001	216.07	.17
ANESTHESIOLOGIST	272	3,121	58,818.76	18.85	.035	216.25	.66
OUTPATIENT SURGERY	861	3,006	198,246.72	65.95	.034	230.25	2.21
PRINCIPAL SURGEON	651	783	151,393.23	193.35	.009	232.55	1.69
ASSISTANT SURGEON	7	7	736.13	105.16	.000	105.16	.01
ANESTHESIOLOGIST	315	2,216	46,117.36	20.81	.025	146.40	.51
DIALYSIS	18	38	6,198.99	163.13	.000	344.39	.07
PATHOLOGY	1,263	1,944	53,306.07	27.42	.022	42.21	.59
RADIOLOGY	2,915	4,515	170,520.76	37.77	.050	58.50	1.90
PSYCHIATRY	1	1	29.18	29.18	.000	29.18	.00
IMMUNIZATION AND INJECTION	100	275	19,133.16	69.58	.003	191.33	.21
OTHER SERVICES/ALL X-OVERS	1,500	3,747	94,149.08	25.13	.042	62.77	1.05
@PHARMACY	20,615	74,798	\$ 3,159,006.93	\$ 42.23	.834	\$ 153.24	\$ 35.24
PRESCRIPTION DRUGS	20,407	49,860	3,087,736.94	61.93	.556	151.31	34.44

SNF/ICF	53	284	14,639.77	51.55	.003	276.22	.16
OUTPATIENTS	20,362	49,576	3,073,097.17	61.99	.553	150.92	34.28
MEDICAL SUPPLIES	685	24,938	71,269.99	2.86	.278	104.04	.79
@DENTIST	1,798	6,980	\$ 235,285.08	\$ 33.71	.078	\$ 130.86	\$ 2.62
VISITS - DIAGNOSTIC	1,318	4,518	69,838.92	15.46	.050	52.99	.78
ORAL SURGERY	279	759	55,628.50	73.29	.008	199.39	.62
DRUGS	18	19	301.00	15.84	.000	16.72	.00
ANESTHESIA	77	78	7,215.00	92.50	.001	93.70	.08
PERIODONTICS	18	19	2,055.00	108.16	.000	114.17	.02
ENDODONTICS	63	126	11,815.00	93.77	.001	187.54	.13
RESTORATIVE DENTISTRY	576	1,333	76,039.75	57.04	.015	132.01	.85
PROSTHETICS	4	4	120.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	29	84	9,967.00	118.65	.001	343.69	.11
SPACE MAINTAINERS	7	7	880.00	125.71	.000	125.71	.01
MAXILLOFACIAL SERVICES	8	12	1,030.20	85.85	.000	128.78	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	6	9	394.71	43.86	.000	65.79	.00
ALL OTHER SERVICES	8	12	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

PAGE 6,798
01/17/03

89,652 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	841	2,452	\$ 57,102.97	\$ 23.29	.027	\$ 67.90	\$.64
DIAGNOSTIC AND ANC. PROCED	573	579	26,986.38	46.61	.006	47.10	.30
EYE APPLIANCES	635	1,820	28,696.58	15.77	.020	45.19	.32
OTHER OPTOMETRIC SERVICES	48	53	1,420.01	26.79	.001	29.58	.02
@CHIROPRACTOR	60	132	\$ 2,140.16	\$ 16.21	.001	\$ 35.67	\$.02
VISITS	59	130	2,106.72	16.21	.001	35.71	.02
OTHER SERVICES	1	2	33.44	16.72	.000	33.44	.00
@PODIATRIST	51	55	\$ 1,068.91	\$ 19.43	.001	\$ 20.96	\$.01

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	1	1		151.90	151.90	.000	151.90	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	50	54		917.01	16.98	.001	18.34	.01
@HOME HEALTH AGENCY	89	326	\$	20,067.75	\$ 61.56	.004	\$ 225.48	\$.22
NURSE ANESTHESIST	22	112	\$	401.93	\$ 3.59	.001	\$ 18.27	\$.00
NURSE MIDWIFE	337	1,543	\$	47,038.38	\$ 30.49	.017	\$ 139.58	\$.52
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	11,109	55,487	\$	7,467,524.89	\$ 134.58	.619	\$ 672.20	\$ 83.29
HOSP INPATIENT TOTAL	813	3,598		5,928,093.87	1647.61	.040	7291.63	66.12
HSC HOSPITALS	68	671		1,032,394.04	1538.59	.007	15182.27	11.52
NON-HSC HOSPITAL TOTAL	678	2,578		4,831,645.19	1874.18	.029	7126.32	53.89
ACCOMMODATIONS	632	2,578		1,782,389.79	691.38	.029	2820.24	19.88
ADMINISTRATIVE DAYS	12	43		9,468.17	220.19	.000	789.01	.11
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	625	2,535		1,772,921.62	699.38	.028	2836.67	19.78
ANCILLARIES	678	0		3,049,255.40	.00	.000	4497.43	34.01
INPATIENT CROSSOVERS	81	349		64,054.64	183.54	.004	790.80	.71
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10,702	51,889		1,539,431.02	29.67	.579	143.85	17.17
MEDICAL	4,725	7,034		361,815.68	51.44	.078	76.57	4.04
SURGERY	882	1,107		79,755.09	72.05	.012	90.43	.89
PATHOLOGY	4,830	16,801		193,558.54	11.52	.187	40.07	2.16
RADIOLOGY	2,325	3,173		227,718.71	71.77	.035	97.94	2.54
ROOM USE	5,372	7,575		335,581.25	44.30	.084	62.47	3.74
CROSSOVERS/ALL OTH OUTPTNT	4,399	16,199		341,001.75	21.05	.181	77.52	3.80
@COUNTY HOSPITAL TOTAL	20	175	\$	99,000.04	\$ 565.71	.002	\$ 4950.00	\$ 1.10
CO HOSPITAL INPATIENT TOTAL	3	81		96,795.02	1195.00	.001	32265.01	1.08
HSC HOSPITALS	3	81		96,795.02	1195.00	.001	32265.01	1.08
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	17	94		2,205.02	23.46	.001	129.71	.02
MEDICAL	8	14		552.17	39.44	.000	69.02	.01
SURGERY	3	5		124.03	24.81	.000	41.34	.00
PATHOLOGY	3	31		331.85	10.70	.000	110.62	.00
RADIOLOGY	2	10		196.36	19.64	.000	98.18	.00
ROOM USE	13	17		660.27	38.84	.000	50.79	.01
CROSSOVERS/ALL OTH OUTPTNT	8	17		340.34	20.02	.000	42.54	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,799
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

					----- MONTHLY AVERAGE -----			
89,652 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	11,091	55,312	\$ 7,368,524.85	\$ 133.22	.617	\$ 664.37	\$ 82.19	
COMM HOSP INPATIENT TOTAL	810	3,517	5,831,298.85	1658.03	.039	7199.13	65.04	
HSC HOSPITALS	65	590	935,599.02	1585.76	.007	14393.83	10.44	
NON-HSC HOSPITALS TOTAL	678	2,578	4,831,645.19	1874.18	.029	7126.32	53.89	
ACCOMMODATIONS	632	2,578	1,782,389.79	691.38	.029	2820.24	19.88	

ADMINISTRATIVE DAYS	12	43		9,468.17	220.19	.000	789.01	.11
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	625	2,535		1,772,921.62	699.38	.028	2836.67	19.78
ANCILLARIES	678	0		3,049,255.40	.00	.000	4497.43	34.01
INPATIENT CROSSOVERS	81	349		64,054.64	183.54	.004	790.80	.71
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10,686	51,795		1,537,226.00	29.68	.578	143.85	17.15
MEDICAL	4,717	7,020		361,263.51	51.46	.078	76.59	4.03
SURGERY	879	1,102		79,631.06	72.26	.012	90.59	.89
PATHOLOGY	4,828	16,770		193,226.69	11.52	.187	40.02	2.16
RADIOLOGY	2,323	3,163		227,522.35	71.93	.035	97.94	2.54
ROOM USE	5,360	7,558		334,920.98	44.31	.084	62.49	3.74
CROSSOVERS/ALL OTH OUTPTNT	4,392	16,182		340,661.41	21.05	.180	77.56	3.80
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	82	1,328	\$	180,677.99	\$ 136.05	.015	\$ 2203.39	\$ 2.02
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	82	1,328		180,677.99	136.05	.015	2203.39	2.02
@INTERMEDIATE CARE FACIL.--DD	1	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	1	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	65	1,280	\$	81,241.57	\$ 63.47	.014	\$ 1249.87	\$.91
HOSPITAL BASED	4	47		17,780.10	378.30	.001	4445.03	.20
HEMODIALYSIS CENTER	61	1,233		63,461.47	51.47	.014	1040.35	.71
@REHABILITATION FACILITY	15	70	\$	1,145.89	\$ 16.37	.001	\$ 76.39	\$.01
HOSPITAL BASED	1	2CR		15.58	7.79CR	.000	15.58	.00
INDEPENDENT FACILITY	14	72		1,130.31	15.70	.001	80.74	.01
@LABORATORY FACILITY	2,120	5,762	\$	108,201.30	\$ 18.78	.064	\$ 51.04	\$ 1.21
PATHOLOGY	2,119	5,761		108,197.28	18.78	.064	51.06	1.21
XO AND OTHERS	1	1		4.02	4.02	.000	4.02	.00
@ORGANIZED OUTPATIENT CLINIC	23,931	45,798	\$	4,199,158.87	\$ 91.69	.511	\$ 175.47	\$ 46.84
CLINIC	579	2,360		51,371.07	21.77	.026	88.72	.57
SURGICENTER	83	305		12,042.26	39.48	.003	145.09	.13
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	23,473	43,133		4,135,745.54	95.88	.481	176.19	46.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 6,800
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC							

----- MONTHLY AVERAGE -----								
89,652 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	4,998	105,812	\$ 706,710.20	\$ 6.68	1.180	\$ 141.40	\$ 7.88	
DURABLE MED. EQUIP.	146	307	36,776.49	119.79	.003	251.89	.41	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	17	38	5,926.69	155.97	.000	348.63	.07	
MEDICAL TRANSPORTATION	358	17,020	243,882.65	14.33	.190	681.24	2.72	
AMBULANCES/AIR TRANS	280	8,060	133,745.81	16.59	.090	477.66	1.49	
OTHER TRANS	17	7,562	18,530.17	2.45	.084	1090.01	.21	
OTHER SERVICES	107	1,398	91,606.67	65.53	.016	856.14	1.02	
ACUPUNCTURE	961	2,338	40,014.11	17.11	.026	41.64	.45	

ADULT DAY HEALTH CARE CTR	26	276	18,417.82	66.73	.003	708.38	.21
GENETIC DISEASE TESTING	293	294	22,922.00	77.97	.003	78.23	.26
IHMC, MODEL-NF, NF, AIDS, MSSP	271	1,701	103,561.04	60.88	.019	382.14	1.16
OCCUPATIONAL THERAPIST	2	10	159.93	15.99	.000	79.97	.00
OPTICIAN	758	1,847	20,509.71	11.10	.021	27.06	.23
PHYSICAL THERAPIST	139	1,220	19,317.66	15.83	.014	138.98	.22
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	50	149	18,461.23	123.90	.002	369.22	.21
PROSTHETICS	34	128	17,437.89	136.23	.001	512.88	.19
ORTHOTICS	16	21	1,023.34	48.73	.000	63.96	.01
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	68	131	10,473.62	79.95	.001	154.02	.12
HOSPICE SERVICES	1	11	1,216.16	110.56	.000	1216.16	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,614	9,196	109,862.66	11.95	.103	68.07	1.23
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	534	71,274	55,208.43	.77	.795	103.39	.62
@CALIF. CHILDREN SERVICES*	404	3,463	\$ 1,276,024.20	\$ 368.47	.039	\$ 3158.48	\$ 14.23
@XOVER EXCLUDING STATE HOSP**	1,651	9,711	\$ 223,264.32	\$ 22.99	.108	\$ 135.23	\$ 2.49

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,801
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MENDOCINO COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED

277 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	349	3,153	\$ 208,150.29	\$ 66.02	11.383	\$ 596.42	\$ 751.45
@PHYSICIANS SERVICES	64	155	\$ 2,105.00	\$ 13.58	.560	\$ 32.89	\$ 7.60
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	64	155	2,105.00	13.58	.560	32.89	7.60
@PHARMACY	221	980	\$ 78,086.53	\$ 79.68	3.538	\$ 353.33	\$ 281.90
PRESCRIPTION DRUGS	217	966	77,756.25	80.49	3.487	358.32	280.71
SNF/ICF	42	273	11,398.05	41.75	.986	271.38	41.15
OUTPATIENTS	176	693	66,358.20	95.75	2.502	377.04	239.56
MEDICAL SUPPLIES	7	14	330.28	23.59	.051	47.18	1.19
@DENTIST	2	4	\$ 107.00	\$ 26.75	.014	\$ 53.50	\$.39
VISITS - DIAGNOSTIC	2	3	59.00	19.67	.011	29.50	.21
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1	48.00	48.00	.004	48.00	.17
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,802
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 29 MN - SOC - AGED						
				AID CODE			
				----- MONTHLY AVERAGE -----			
277 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6	17	\$ 295.90	\$ 17.41	.061	\$ 49.32	\$ 1.07
DIAGNOSTIC AND ANC. PROCED	1	1	47.43	47.43	.004	47.43	.17
EYE APPLIANCES	5	14	244.21	17.44	.051	48.84	.88
OTHER OPTOMETRIC SERVICES	1	2	4.26	2.13	.007	4.26	.02
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	3	\$ 23.46	\$ 7.82	.011	\$ 7.82	\$.08
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	3	23.46	7.82	.011	7.82	.08
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	2	28	\$ 40.47	\$ 1.45	.101	\$ 20.24	\$.15
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	49	295	\$ 16,224.26	\$ 55.00	1.065	\$ 331.11	\$ 58.57
HOSP INPATIENT TOTAL	15	69	11,056.78	160.24	.249	737.12	39.92
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	15	69	11,056.78	160.24	.249	737.12	39.92
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	36	226	5,167.48	22.86	.816	143.54	18.66
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	36	226	5,167.48	22.86	.816	143.54	18.66
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,803
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 29 MN - SOC - AGED						
	AID CODE						
	----- MONTHLY AVERAGE -----						
277 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	49	295	\$	16,224.26	\$ 55.00	1.065	\$ 331.11	\$ 58.57
COMM HOSP INPATIENT TOTAL	15	69		11,056.78	160.24	.249	737.12	39.92
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	15	69		11,056.78	160.24	.249	737.12	39.92
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	36	226		5,167.48	22.86	.816	143.54	18.66
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	36	226		5,167.48	22.86	.816	143.54	18.66
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	50	1,027	\$	95,118.50	\$ 92.62	3.708	\$ 1902.37	\$ 343.39
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	1	11		1,330.23	120.93	.040	1330.23	4.80
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	49	1,016		93,788.27	92.31	3.668	1914.05	338.59
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	2	\$	808.22	\$ 404.11	.007	\$ 808.22	\$ 2.92
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	2		808.22	404.11	.007	808.22	2.92
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	58	121	\$	4,986.81	\$ 41.21	.437	\$ 85.98	\$ 18.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	2	1		2.10CR	2.10CR	.004	1.05CR	.01CR
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	56	120		4,988.91	41.57	.433	89.09	18.01
#CALIF DEPT OF HEALTH SERV				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002				PAGE 6,804
MOP024				FEE-FOR-SERVICE/DENTAL				01/17/03
MENDOCINO COUNTY				SUMMARY OF SERVICES FOR 29 MN - SOC - AGED				

	277 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	62	521	\$	10,354.14	\$ 19.87	1.881	\$ 167.00	\$ 37.38
DURABLE MED. EQUIP.	3	13		6,405.59	492.74	.047	2135.20	23.12
BLOOD BANK	0	0		.00	.00	.000	.00	.00

HEARING AID DISPENSERS	1	1	566.32	566.32	.004	566.32	2.04
MEDICAL TRANSPORTATION	16	363	289.11CR	.80CR	1.310	18.07CR	1.04CR
AMBULANCES/AIR TRANS	0	77CR	3,551.08CR	46.12	.278CR	.00	12.82CR
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	16	440	3,261.97	7.41	1.588	203.87	11.78
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	1	66.54	66.54	.004	66.54	.24
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	10	29	430.89	14.86	.105	43.09	1.56
PHYSICAL THERAPIST	1	2	36.95	18.48	.007	36.95	.13
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	4	924.48	231.12	.014	924.48	3.34
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	32	108	2,212.48	20.49	.390	69.14	7.99
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	144	973	27,818.81	28.59	3.513	193.19	100.43

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,805
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND	

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2	28	\$ 1,282.89	\$ 45.82	14.000	\$ 641.45	\$ 641.45
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	1	8	\$ 384.76	\$ 48.10	4.000	\$ 384.76	\$ 192.38
PRESCRIPTION DRUGS	1	8	384.76	48.10	4.000	384.76	192.38
SNF/ICF	1	8	384.76	48.10	4.000	384.76	192.38
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,806
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,807
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSTOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00		.00
DEVELOP. DISABLED	0	0		.00		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00		.00
LEV B-REHAB MD	0	0		.00		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00		.00
LEV B-REGULAR	0	0		.00		.00		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	\$	.00
ICF DDH	0	0		.00		.00		.00
ICF DD	0	0		.00		.00		.00
ICF DDN/DDCN	0	0		.00		.00		.00
@HEMODIALYSIS TOTAL	1	19	\$	896.70	\$	47.19	9.500	\$ 896.70 \$ 448.35
HOSPITAL BASED	0	0		.00		.00		.00
HEMODIALYSIS CENTER	1	19		896.70		47.19	9.500	896.70 448.35
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00		.00
XO AND OTHERS	0	0		.00		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	1.43	\$	1.43	.500	\$ 1.43 \$.72
CLINIC	0	0		.00		.00		.00
SURGICENTER	0	0		.00		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00		.00
RURAL HEALTH CLINIC	1	1		1.43		1.43	.500	1.43 .72

#CALIF DEPT OF HEALTH SERV MOP024
 MENDOCINO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND

AID CODE

PAGE 6,808
 01/17/03

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,809
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

333 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	443	5,639	\$ 739,729.88	\$ 131.18	16.934	\$ 1669.82	\$ 2221.41
@PHYSICIANS SERVICES	140	715	\$ 33,792.51	\$ 47.26	2.147	\$ 241.38	\$ 101.48
OUTPATIENT VISITS	30	40	1,361.31	34.03	.120	45.38	4.09
OFFICE VISITS	28	38	1,208.63	31.81	.114	43.17	3.63
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	152.68	76.34	.006	76.34	.46
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	18	109	4,963.31	45.53	.327	275.74	14.90
HOSPITAL VISITS	18	101	4,142.51	41.01	.303	230.14	12.44
CRITICAL CARE	4	8	820.80	102.60	.024	205.20	2.46
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	161.45	53.82	.009	53.82	.48

EXAMINATIONS	3	3	161.45	53.82	.009	53.82	.48
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	23	160	8,899.70	55.62	.480	386.94	26.73
PRINCIPAL SURGEON	16	21	5,964.95	284.05	.063	372.81	17.91
ASSISTANT SURGEON	4	4	819.80	204.95	.012	204.95	2.46
ANESTHESIOLOGIST	9	135	2,114.95	15.67	.405	234.99	6.35
OUTPATIENT SURGERY	23	109	9,735.82	89.32	.327	423.30	29.24
PRINCIPAL SURGEON	16	28	8,249.32	294.62	.084	515.58	24.77
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	9	81	1,486.50	18.35	.243	165.17	4.46
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	12	469.39	39.12	.036	52.15	1.41
RADIOLOGY	40	104	3,321.41	31.94	.312	83.04	9.97
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	5	41.18	8.24	.015	20.59	.12
OTHER SERVICES/ALL X-OVERS	78	173	4,838.94	27.97	.520	62.04	14.53
@PHARMACY	280	2,998	\$ 254,756.90	\$ 84.98	9.003	\$ 909.85	\$ 765.04
PRESCRIPTION DRUGS	269	1,414	251,753.22	178.04	4.246	935.89	756.02
SNF/ICF	14	160	11,557.26	72.23	.480	825.52	34.71
OUTPATIENTS	257	1,254	240,195.96	191.54	3.766	934.61	721.31
MEDICAL SUPPLIES	23	1,584	3,003.68	1.90	4.757	130.59	9.02
@DENTIST	15	54	\$ 2,395.00	\$ 44.35	.162	\$ 159.67	\$ 7.19
VISITS - DIAGNOSTIC	7	10	205.00	20.50	.030	29.29	.62
ORAL SURGERY	3	28	1,338.00	47.79	.084	446.00	4.02
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.003	100.00	.30
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	5	14	727.00	51.93	.042	145.40	2.18
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	25.00	25.00	.003	25.00	.08
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

PAGE 6,810 01/17/03

333 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	7	20	\$ 445.88	\$ 22.29	.060	\$ 63.70	\$ 1.34
DIAGNOSTIC AND ANC. PROCED	4	4	189.80	47.45	.012	47.45	.57
EYE APPLIANCES	6	16	256.08	16.01	.048	42.68	.77
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	5	26	\$ 1,835.81	\$ 70.61	.078	\$ 367.16	\$ 5.51
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	108	614	\$	355,688.00	\$	579.30	1.844	\$	3293.41	\$	1068.13
HOSP INPATIENT TOTAL	23	161		339,733.88		2110.15	.483		14771.04		1020.22
HSC HOSPITALS	1	3		4,755.00		1585.00	.009		4755.00		14.28
NON-HSC HOSPITAL TOTAL	17	133		331,921.82		2495.65	.399		19524.81		996.76
ACCOMMODATIONS	15	133		89,924.90		676.13	.399		5994.99		270.04
ADMINISTRATIVE DAYS	2	25		5,519.10		220.76	.075		2759.55		16.57
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	14	108		84,405.80		781.54	.324		6028.99		253.47
ANCILLARIES	17	0		241,996.92		.00	.000		14235.11		726.72
INPATIENT CROSSOVERS	5	25		3,057.06		122.28	.075		611.41		9.18
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	97	453		15,954.12		35.22	1.360		164.48		47.91
MEDICAL	25	35		1,470.28		42.01	.105		58.81		4.42
SURGERY	8	10		1,187.53		118.75	.030		148.44		3.57
PATHOLOGY	28	130		2,028.75		15.61	.390		72.46		6.09
RADIOLOGY	20	26		3,469.36		133.44	.078		173.47		10.42
ROOM USE	22	33		2,016.92		61.12	.099		91.68		6.06
CROSSOVERS/ALL OTH OUTPTNT	59	219		5,781.28		26.40	.658		97.99		17.36
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,811
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

333 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	108	614	\$ 355,688.00	\$ 579.30	1.844	\$ 3293.41	\$ 1068.13
COMM HOSP INPATIENT TOTAL	23	161	339,733.88	2110.15	.483	14771.04	1020.22
HSC HOSPITALS	1	3	4,755.00	1585.00	.009	4755.00	14.28
NON-HSC HOSPITALS TOTAL	17	133	331,921.82	2495.65	.399	19524.81	996.76
ACCOMMODATIONS	15	133	89,924.90	676.13	.399	5994.99	270.04
ADMINISTRATIVE DAYS	2	25	5,519.10	220.76	.075	2759.55	16.57
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	14	108	84,405.80	781.54	.324	6028.99	253.47
ANCILLARIES	17	0	241,996.92	.00	.000	14235.11	726.72
INPATIENT CROSSOVERS	5	25	3,057.06	122.28	.075	611.41	9.18
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	97	453		15,954.12	35.22	1.360	164.48	47.91
MEDICAL	25	35		1,470.28	42.01	.105	58.81	4.42
SURGERY	8	10		1,187.53	118.75	.030	148.44	3.57
PATHOLOGY	28	130		2,028.75	15.61	.390	72.46	6.09
RADIOLOGY	20	26		3,469.36	133.44	.078	173.47	10.42
ROOM USE	22	33		2,016.92	61.12	.099	91.68	6.06
CROSSOVERS/ALL OTH OUTPTNT	59	219		5,781.28	26.40	.658	97.99	17.36
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	10	387	\$	41,902.99	\$ 108.28	1.162	\$ 4190.30	\$ 125.83
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	10	387		41,902.99	108.28	1.162	4190.30	125.83
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	4	4	\$	1,483.10	\$ 370.78	.012	\$ 370.78	\$ 4.45
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	4	4		1,483.10	370.78	.012	370.78	4.45
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	8	24	\$	470.73	\$ 19.61	.072	\$ 58.84	\$ 1.41
PATHOLOGY	8	24		470.73	19.61	.072	58.84	1.41
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	141	316	\$	21,538.58	\$ 68.16	.949	\$ 152.76	\$ 64.68
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	141	316		21,538.58	68.16	.949	152.76	64.68

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,812
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

333 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	87	481	\$ 25,420.38	\$ 52.85	1.444	\$ 292.19	\$ 76.34
DURABLE MED. EQUIP.	11	35	3,891.03	111.17	.105	353.73	11.68
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2	50.00	25.00	.006	50.00	.15
MEDICAL TRANSPORTATION	13	169	2,538.43	15.02	.508	195.26	7.62
AMBULANCES/AIR TRANS	7	56	1,248.09	22.29	.168	178.30	3.75
OTHER TRANS	1	3	25.08	8.36	.009	25.08	.08
OTHER SERVICES	5	110	1,265.26	11.50	.330	253.05	3.80
ACUPUNCTURE	15	34	583.91	17.17	.102	38.93	1.75
ADULT DAY HEALTH CARE CTR	6	55	3,260.48	59.28	.165	543.41	9.79
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	19	105	11,355.02	108.14	.315	597.63	34.10
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	10	28	324.01	11.57	.084	32.40	.97
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	20	2,232.34	111.62	.060	1116.17	6.70
PROSTHETICS	2	20	2,232.34	111.62	.060	1116.17	6.70
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4	833.20	208.30	.012	416.60	2.50
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12	29	351.96	12.14	.087	29.33	1.06
@CALIF. CHILDREN SERVICES*	3	7	\$ 331.15	\$ 47.31	.021	\$ 110.38	\$.99
@XOVER EXCLUDING STATE HOSP**	103	1,699	\$ 15,173.03	\$ 8.93	5.102	\$ 147.31	\$ 45.56

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,813
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37	

283 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	413	3,157	\$ 295,539.39	\$ 93.61	11.155	\$ 715.59	\$ 1044.31
@PHYSICIANS SERVICES	131	527	\$ 27,138.43	\$ 51.50	1.862	\$ 207.16	\$ 95.90
OUTPATIENT VISITS	34	40	1,497.86	37.45	.141	44.05	5.29
OFFICE VISITS	32	38	1,414.81	37.23	.134	44.21	5.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	27.93	27.93	.004	27.93	.10
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	1	1		55.12	55.12	.004	55.12	.19
INPATIENT VISITS	11	59		2,852.31	48.34	.208	259.30	10.08
HOSPITAL VISITS	11	53		2,365.91	44.64	.187	215.08	8.36
CRITICAL CARE	2	6		486.40	81.07	.021	243.20	1.72
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	5		260.35	52.07	.018	65.09	.92
EXAMINATIONS	4	5		260.35	52.07	.018	65.09	.92
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	22	191		10,079.34	52.77	.675	458.15	35.62
PRINCIPAL SURGEON	15	31		7,359.50	237.40	.110	490.63	26.01
ASSISTANT SURGEON	1	1		266.19	266.19	.004	266.19	.94
ANESTHESIOLOGIST	11	159		2,453.65	15.43	.562	223.06	8.67
OUTPATIENT SURGERY	16	59		4,597.49	77.92	.208	287.34	16.25
PRINCIPAL SURGEON	12	14		3,731.93	266.57	.049	310.99	13.19
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	45		865.56	19.23	.159	144.26	3.06
DIALYSIS	1	4		144.32	36.08	.014	144.32	.51
PATHOLOGY	15	20		477.68	23.88	.071	31.85	1.69
RADIOLOGY	61	113		5,122.35	45.33	.399	83.97	18.10
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		110.81	.00	.000	.00	.39
OTHER SERVICES/ALL X-OVERS	21	36		1,995.92	55.44	.127	95.04	7.05
@PHARMACY	110	605	\$	20,761.21	\$ 34.32	2.138	\$ 188.74	\$ 73.36
PRESCRIPTION DRUGS	108	288		20,595.46	71.51	1.018	190.70	72.78
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	108	288		20,595.46	71.51	1.018	190.70	72.78
MEDICAL SUPPLIES	4	317		165.75	.52	1.120	41.44	.59
@DENTIST	27	116	\$	5,153.00	\$ 44.42	.410	\$ 190.85	\$ 18.21
VISITS - DIAGNOSTIC	17	45		443.00	9.84	.159	26.06	1.57
ORAL SURGERY	7	16		730.00	45.63	.057	104.29	2.58
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	1	1		.00	.00	.004	.00	.00
PERIODONTICS	2	2		200.00	100.00	.007	100.00	.71
ENDODONTICS	3	3		245.00	81.67	.011	81.67	.87
RESTORATIVE DENTISTRY	11	44		3,480.00	79.09	.155	316.36	12.30
PROSTHETICS	1	1		30.00	30.00	.004	30.00	.11
DENTURES, STAYPLATES	1	1		25.00	25.00	.004	25.00	.09
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	3		.00	.00	.011	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 6,814
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37							

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	1	1	200.30	200.30	.004	200.30	.71
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	14	\$ 1,012.50	\$ 72.32	.049	\$ 506.25	\$ 3.58
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	189	865	\$ 206,713.72	\$ 238.98	3.057	\$ 1093.72	\$ 730.44
HOSP INPATIENT TOTAL	23	80	182,439.21	2280.49	.283	7932.14	644.66
HSC HOSPITALS	4	14	15,892.80	1135.20	.049	3973.20	56.16
NON-HSC HOSPITAL TOTAL	20	66	166,546.41	2523.43	.233	8327.32	588.50
ACCOMMODATIONS	19	66	38,232.55	579.28	.233	2012.24	135.10
ADMINISTRATIVE DAYS	1	2	411.48	205.74	.007	411.48	1.45
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	64	37,821.07	590.95	.226	2101.17	133.64
ANCILLARIES	20	0	128,313.86	.00	.000	6415.69	453.41
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	175	785	24,274.51	30.92	2.774	138.71	85.78
MEDICAL	80	118	6,186.98	52.43	.417	77.34	21.86
SURGERY	14	16	1,234.86	77.18	.057	88.20	4.36
PATHOLOGY	86	325	3,478.50	10.70	1.148	40.45	12.29
RADIOLOGY	65	87	6,881.63	79.10	.307	105.87	24.32
ROOM USE	75	96	4,076.84	42.47	.339	54.36	14.41
CROSSOVERS/ALL OTH OUTPTNT	65	143	2,415.70	16.89	.505	37.16	8.54
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,815
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

	283 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	189	865	\$ 206,713.72	\$ 238.98	3.057	\$ 1093.72	\$ 730.44	
COMM HOSP INPATIENT TOTAL	23	80	182,439.21	2280.49	.283	7932.14	644.66	
HSC HOSPITALS	4	14	15,892.80	1135.20	.049	3973.20	56.16	
NON-HSC HOSPITALS TOTAL	20	66	166,546.41	2523.43	.233	8327.32	588.50	
ACCOMMODATIONS	19	66	38,232.55	579.28	.233	2012.24	135.10	

ADMINISTRATIVE DAYS	1	2	411.48	205.74	.007	411.48	1.45
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	64	37,821.07	590.95	.226	2101.17	133.64
ANCILLARIES	20	0	128,313.86	.00	.000	6415.69	453.41
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	175	785	24,274.51	30.92	2.774	138.71	85.78
MEDICAL	80	118	6,186.98	52.43	.417	77.34	21.86
SURGERY	14	16	1,234.86	77.18	.057	88.20	4.36
PATHOLOGY	86	325	3,478.50	10.70	1.148	40.45	12.29
RADIOLOGY	65	87	6,881.63	79.10	.307	105.87	24.32
ROOM USE	75	96	4,076.84	42.47	.339	54.36	14.41
CROSSOVERS/ALL OTH OUTPTNT	65	143	2,415.70	16.89	.505	37.16	8.54
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.--DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	9	47	1,011.23	21.52	.166	112.36	3.57
PATHOLOGY	9	47	1,011.23	21.52	.166	112.36	3.57
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	113	197	18,366.35	93.23	.696	162.53	64.90
CLINIC	2	5	152.32	30.46	.018	76.16	.54
SURGICENTER	2	10	385.10	38.51	.035	192.55	1.36
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	110	182	17,828.93	97.96	.643	162.08	63.00

#CALIF DEPT OF HEALTH SERV MOP024
MENDOCINO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

PAGE 6,816
01/17/03

283 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	42	764	\$ 14,642.66	\$ 19.17	2.700	\$ 348.63	\$ 51.74
DURABLE MED. EQUIP.	1	2	580.59	290.30	.007	580.59	2.05
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	9	389	9,660.42	24.83	1.375	1073.38	34.14
AMBULANCES/AIR TRANS	9	387	6,060.42	15.66	1.367	673.38	21.41
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,600.00	1800.00	.007	1800.00	12.72
ACUPUNCTURE	2	4	64.88	16.22	.014	32.44	.23

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	55.00	55.00	.004	55.00	.19
IHMC, MODEL-NF, NF, AIDS, MSSP	4	18	2,867.25	159.29	.064	716.81	10.13
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	15	169.05	11.27	.053	28.18	.60
PHYSICAL THERAPIST	3	24	309.21	12.88	.085	103.07	1.09
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	23.05	23.05	.004	23.05	.08
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	1	1	23.05	23.05	.004	23.05	.08
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	15	60	761.66	12.69	.212	50.78	2.69
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	250	151.55	.61	.883	151.55	.54
@CALIF. CHILDREN SERVICES*	2	37	\$ 24,827.59	\$ 671.02	.131	\$ 12413.80	\$ 87.73
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,817
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC	

895 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,207	11,977	\$ 1,244,702.45	\$ 103.92	13.382	\$ 1031.24	\$ 1390.73
@PHYSICIANS SERVICES	335	1,397	\$ 63,035.94	\$ 45.12	1.561	\$ 188.17	\$ 70.43
OUTPATIENT VISITS	64	80	2,859.17	35.74	.089	44.67	3.19
OFFICE VISITS	60	76	2,623.44	34.52	.085	43.72	2.93
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	180.61	60.20	.003	60.20	.20
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	55.12	55.12	.001	55.12	.06
INPATIENT VISITS	29	168	7,815.62	46.52	.188	269.50	8.73
HOSPITAL VISITS	29	154	6,508.42	42.26	.172	224.43	7.27
CRITICAL CARE	6	14	1,307.20	93.37	.016	217.87	1.46
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	7	8	421.80	52.73	.009	60.26	.47
EXAMINATIONS	7	8	421.80	52.73	.009	60.26	.47
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	45	351	18,979.04	54.07	.392	421.76	21.21
PRINCIPAL SURGEON	31	52	13,324.45	256.24	.058	429.82	14.89
ASSISTANT SURGEON	5	5	1,085.99	217.20	.006	217.20	1.21
ANESTHESIOLOGIST	20	294	4,568.60	15.54	.328	228.43	5.10
OUTPATIENT SURGERY	39	168	14,333.31	85.32	.188	367.52	16.01
PRINCIPAL SURGEON	28	42	11,981.25	285.27	.047	427.90	13.39
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	15	126	2,352.06	18.67	.141	156.80	2.63
DIALYSIS	1	4	144.32	36.08	.004	144.32	.16
PATHOLOGY	24	32	947.07	29.60	.036	39.46	1.06

RADIOLOGY	101	217		8,443.76	38.91	.242	83.60	9.43
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	5		151.99	30.40	.006	76.00	.17
OTHER SERVICES/ALL X-OVERS	163	364		8,939.86	24.56	.407	54.85	9.99
@PHARMACY	612	4,591	\$	353,989.40	\$ 77.11	5.130	\$ 578.41	\$ 395.52
PRESCRIPTION DRUGS	595	2,676		350,489.69	130.98	2.990	589.06	391.61
SNF/ICF	57	441		23,340.07	52.93	.493	409.47	26.08
OUTPATIENTS	541	2,235		327,149.62	146.38	2.497	604.71	365.53
MEDICAL SUPPLIES	34	1,915		3,499.71	1.83	2.140	102.93	3.91
@DENTIST	44	174	\$	7,655.00	\$ 43.99	.194	\$ 173.98	\$ 8.55
VISITS - DIAGNOSTIC	26	58		707.00	12.19	.065	27.19	.79
ORAL SURGERY	10	44		2,068.00	47.00	.049	206.80	2.31
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	2	2		100.00	50.00	.002	50.00	.11
PERIODONTICS	2	2		200.00	100.00	.002	100.00	.22
ENDODONTICS	3	3		245.00	81.67	.003	81.67	.27
RESTORATIVE DENTISTRY	17	59		4,255.00	72.12	.066	250.29	4.75
PROSTHETICS	1	1		30.00	30.00	.001	30.00	.03
DENTURES, STAYPLATES	2	2		50.00	25.00	.002	25.00	.06
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	3		.00	.00	.003	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 6,818
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC							

	895 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	19		58	\$ 1,281.77	\$ 22.10	.065	\$ 67.46	\$ 1.43
DIAGNOSTIC AND ANC. PROCED	11		11	521.93	47.45	.012	47.45	.58

EYE APPLIANCES	16	45		755.58	16.79	.050	47.22	.84
OTHER OPTOMETRIC SERVICES	1	2		4.26	2.13	.002	4.26	.00
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	4	4	\$	223.76	55.94	.004	55.94	.25
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	1	1		200.30	200.30	.001	200.30	.22
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	3	3		23.46	7.82	.003	7.82	.03
@HOME HEALTH AGENCY	7	40	\$	2,848.31	71.21	.045	406.90	3.18
NURSE ANESTHESIST	2	28	\$	40.47	1.45	.031	20.24	.05
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	346	1,774	\$	578,625.98	326.17	1.982	1672.33	646.51
HOSP INPATIENT TOTAL	61	310		533,229.87	1720.10	.346	8741.47	595.79
HSC HOSPITALS	5	17		20,647.80	1214.58	.019	4129.56	23.07
NON-HSC HOSPITAL TOTAL	37	199		498,468.23	2504.87	.222	13472.11	556.95
ACCOMMODATIONS	34	199		128,157.45	644.01	.222	3769.34	143.19
ADMINISTRATIVE DAYS	3	27		5,930.58	219.65	.030	1976.86	6.63
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	32	172		122,226.87	710.62	.192	3819.59	136.57
ANCILLARIES	37	0		370,310.78	.00	.000	10008.40	413.76
INPATIENT CROSSOVERS	20	94		14,113.84	150.15	.105	705.69	15.77
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	308	1,464		45,396.11	31.01	1.636	147.39	50.72
MEDICAL	105	153		7,657.26	50.05	.171	72.93	8.56
SURGERY	22	26		2,422.39	93.17	.029	110.11	2.71
PATHOLOGY	114	455		5,507.25	12.10	.508	48.31	6.15
RADIOLOGY	85	113		10,350.99	91.60	.126	121.78	11.57
ROOM USE	97	129		6,093.76	47.24	.144	62.82	6.81
CROSSOVERS/ALL OTH OUTPTNT	160	588		13,364.46	22.73	.657	83.53	14.93
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC

----- MONTHLY AVERAGE -----
895 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	346	1,774	\$	578,625.98	\$ 326.17	1.982	\$ 1672.33	\$ 646.51
COMM HOSP INPATIENT TOTAL	61	310		533,229.87	1720.10	.346	8741.47	595.79
HSC HOSPITALS	5	17		20,647.80	1214.58	.019	4129.56	23.07
NON-HSC HOSPITALS TOTAL	37	199		498,468.23	2504.87	.222	13472.11	556.95
ACCOMMODATIONS	34	199		128,157.45	644.01	.222	3769.34	143.19
ADMINISTRATIVE DAYS	3	27		5,930.58	219.65	.030	1976.86	6.63
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	32	172		122,226.87	710.62	.192	3819.59	136.57
ANCILLARIES	37	0		370,310.78	.00	.000	10008.40	413.76
INPATIENT CROSSOVERS	20	94		14,113.84	150.15	.105	705.69	15.77
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	308	1,464		45,396.11	31.01	1.636	147.39	50.72
MEDICAL	105	153		7,657.26	50.05	.171	72.93	8.56
SURGERY	22	26		2,422.39	93.17	.029	110.11	2.71
PATHOLOGY	114	455		5,507.25	12.10	.508	48.31	6.15
RADIOLOGY	85	113		10,350.99	91.60	.126	121.78	11.57
ROOM USE	97	129		6,093.76	47.24	.144	62.82	6.81
CROSSOVERS/ALL OTH OUTPTNT	160	588		13,364.46	22.73	.657	83.53	14.93
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	60	1,414	\$	137,021.49	\$ 96.90	1.580	\$ 2283.69	\$ 153.10
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	1	11		1,330.23	120.93	.012	1330.23	1.49
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	59	1,403		135,691.26	96.72	1.568	2299.85	151.61
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	25	\$	3,188.02	\$ 127.52	.028	\$ 531.34	\$ 3.56
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	25		3,188.02	127.52	.028	531.34	3.56
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	17	71	\$	1,481.96	\$ 20.87	.079	\$ 87.17	\$ 1.66
PATHOLOGY	17	71		1,481.96	20.87	.079	87.17	1.66
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	313	635	\$	44,893.17	\$ 70.70	.709	\$ 143.43	\$ 50.16
CLINIC	2	5		152.32	30.46	.006	76.16	.17
SURGICENTER	4	11		383.00	34.82	.012	95.75	.43
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	308	619		44,357.85	71.66	.692	144.02	49.56
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 6,820
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC							

	895 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	191	1,766	\$	50,417.18	\$ 28.55	1.973	\$ 263.96	\$ 56.33
DURABLE MED. EQUIP.	15	50		10,877.21	217.54	.056	725.15	12.15
BLOOD BANK	0	0		.00	.00	.000	.00	.00

HEARING AID DISPENSERS	2	3	616.32	205.44	.003	308.16	.69
MEDICAL TRANSPORTATION	38	921	11,909.74	12.93	1.029	313.41	13.31
AMBULANCES/AIR TRANS	16	366	3,757.43	10.27	.409	234.84	4.20
OTHER TRANS	1	3	25.08	8.36	.003	25.08	.03
OTHER SERVICES	23	552	8,127.23	14.72	.617	353.36	9.08
ACUPUNCTURE	17	38	648.79	17.07	.042	38.16	.72
ADULT DAY HEALTH CARE CTR	7	56	3,327.02	59.41	.063	475.29	3.72
GENETIC DISEASE TESTING	1	1	55.00	55.00	.001	55.00	.06
IHMC,MODEL-NF,NF,AIDS,MSSP	23	123	14,222.27	115.63	.137	618.36	15.89
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	26	72	923.95	12.83	.080	35.54	1.03
PHYSICAL THERAPIST	4	26	346.16	13.31	.029	86.54	.39
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	21	2,255.39	107.40	.023	751.80	2.52
PROSTHETICS	2	20	2,232.34	111.62	.022	1116.17	2.49
ORTHOTICS	1	1	23.05	23.05	.001	23.05	.03
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	8	1,757.68	219.71	.009	585.89	1.96
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	15	60	761.66	12.69	.067	50.78	.85
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	45	387	2,715.99	7.02	.432	60.36	3.03
@CALIF. CHILDREN SERVICES*	5	44	\$ 25,158.74	\$ 571.79	.049	\$ 5031.75	\$ 28.11
@XOVER EXCLUDING STATE HOSP**	247	2,672	\$ 42,991.84	\$ 16.09	2.985	\$ 174.06	\$ 48.04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,821
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED AID CODE

2,291 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,247	98,510	\$ 6,551,146.34	\$ 66.50	42.999	\$ 2915.51	\$ 2859.51
@PHYSICIANS SERVICES	203	429	\$ 4,431.60	\$ 10.33	.187	\$ 21.83	\$ 1.93
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	203	429	4,431.60	10.33	.187	21.83	1.93
@PHARMACY	1,909	25,314	\$ 651,804.52	\$ 25.75	11.049	\$ 341.44	\$ 284.51
PRESCRIPTION DRUGS	1,901	11,730	646,129.73	55.08	5.120	339.89	282.03
SNF/ICF	1,838	11,365	628,867.03	55.33	4.961	342.15	274.49
OUTPATIENTS	92	365	17,262.70	47.30	.159	187.64	7.54
MEDICAL SUPPLIES	58	13,584	5,674.79	.42	5.929	97.84	2.48
@DENTIST	59	161	\$ 6,350.00	\$ 39.44	.070	\$ 107.63	\$ 2.77
VISITS - DIAGNOSTIC	47	68	1,685.00	24.78	.030	35.85	.74
ORAL SURGERY	13	70	3,042.00	43.46	.031	234.00	1.33
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	12	618.00	51.50	.005	309.00	.27
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	8	11	1,005.00	91.36	.005	125.63	.44
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,822
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED AID CODE

2,291 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	29	71	\$ 1,543.16	\$ 21.73	.031	\$ 53.21	\$.67
DIAGNOSTIC AND ANC. PROCED	5	5	225.47	45.09	.002	45.09	.10
EYE APPLIANCES	23	60	1,157.87	19.30	.026	50.34	.51
OTHER OPTOMETRIC SERVICES	5	6	159.82	26.64	.003	31.96	.07
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	120	170	\$ 1,182.68	\$ 6.96	.074	\$ 9.86	\$.52
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	120	170	1,182.68	6.96	.074	9.86	.52
@HOME HEALTH AGENCY	1	3	\$ 3.47	\$ 1.16	.001	\$ 3.47	\$.00
NURSE ANESTHESIST	1	10	\$ 56.49	\$ 5.65	.004	\$ 56.49	\$.02
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	108	401	\$ 40,108.55	\$ 100.02	.175	\$ 371.38	\$ 17.51
HOSP INPATIENT TOTAL	31	213	36,596.59	171.81	.093	1180.54	15.97
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	31	213	36,596.59	171.81	.093	1180.54	15.97
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	85	188	3,511.96	18.68	.082	41.32	1.53
MEDICAL	1	3	303.28	101.09	.001	303.28	.13
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	8	96.00	12.00	.003	19.20	.04
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	81	177	3,112.68	17.59	.077	38.43	1.36
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,823
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED						
					AID CODE		
						----- MONTHLY AVERAGE -----	
2,291 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	108	401	\$ 40,108.55	\$ 100.02	.175	\$ 371.38	\$ 17.51
COMM HOSP INPATIENT TOTAL	31	213	36,596.59	171.81	.093	1180.54	15.97
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	31	213	36,596.59	171.81	.093	1180.54	15.97
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	85	188	3,511.96	18.68	.082	41.32	1.53
MEDICAL	1	3	303.28	101.09	.001	303.28	.13
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	8	96.00	12.00	.003	19.20	.04
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	81	177	3,112.68	17.59	.077	38.43	1.36
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2,033	63,828	\$ 5,738,257.51	\$ 89.90	27.860	\$ 2822.56	\$ 2504.70
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	62	1,898	174,453.97	91.91	.828	2813.77	76.15
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1,971	61,930	5,563,803.54	89.84	27.032	2822.83	2428.55
@INTERMEDIATE CARE FACIL.-DD	12	365	\$ 47,221.21	\$ 129.37	.159	\$ 3935.10	\$ 20.61
ICF DDH	12	365	47,221.21	129.37	.159	3935.10	20.61
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	522	820	\$ 34,758.55	\$ 42.39	.358	\$ 66.59	\$ 15.17
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	2	5	447.81	89.56	.002	223.91	.20
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	520	815	34,310.74	42.10	.356	65.98	14.98
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,824
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED						
					AID CODE		

2,291 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	241	6,938	\$ 25,428.60	\$ 3.67	3.028	\$ 105.51	\$ 11.10
DURABLE MED. EQUIP.	17	113	6,750.20	59.74	.049	397.07	2.95
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	12	15	3,278.14	218.54	.007	273.18	1.43
MEDICAL TRANSPORTATION	114	1,066	8,163.63	7.66	.465	71.61	3.56
AMBULANCES/AIR TRANS	2	6	228.52	38.09	.003	114.26	.10
OTHER TRANS	36	425	1,418.09	3.34	.186	39.39	.62
OTHER SERVICES	82	635	6,517.02	10.26	.277	79.48	2.84
ACUPUNCTURE	3	6	108.13	18.02	.003	36.04	.05
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	28	64	946.77	14.79	.028	33.81	.41
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	4	6	7.19	1.20	.003	1.80	.00
PROSTHETIST/ORTHOTISTS	2	3	11.11	3.70	.001	5.56	.00
PROSTHETICS	2	3	11.11	3.70	.001	5.56	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	19	21	145.55	6.93	.009	7.66	.06
SPEECH AND AUDIOLOGY	20	33	3,745.40	113.50	.014	187.27	1.63
HOSPICE SERVICES	0	0	44.04	.00	.000	.00	.02
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	38	5,611	2,228.44	.40	2.449	58.64	.97
@CALIF. CHILDREN SERVICES*	1	1	\$ 74.13	\$ 74.13	.000	\$ 74.13	\$.03
@XOVER EXCLUDING STATE HOSP**	665	18,809	\$ 110,652.78	\$ 5.88	8.210	\$ 166.40	\$ 48.30

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,825
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	25	2,172	\$ 76,248.43	\$ 35.11	90.500	\$ 3049.94	\$ 3177.02
@PHYSICIANS SERVICES	4	4	\$ 42.92	\$ 10.73	.167	\$ 10.73	\$ 1.79
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	4		42.92	10.73	.167	10.73	1.79
@PHARMACY	15	92	\$	5,660.02	\$ 61.52	3.833	\$ 377.33	\$ 235.83
PRESCRIPTION DRUGS	15	87		5,443.54	62.57	3.625	362.90	226.81
SNF/ICF	14	80		5,145.74	64.32	3.333	367.55	214.41
OUTPATIENTS	1	7		297.80	42.54	.292	297.80	12.41
MEDICAL SUPPLIES	2	5		216.48	43.30	.208	108.24	9.02
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,826
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	3	\$ 41.09	\$ 13.70	.125	\$ 13.70	\$ 1.71
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	3	41.09	13.70	.125	13.70	1.71
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	1	4	\$	48.21	\$	12.05	.167	\$	48.21	\$	2.01
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1	4		48.21		12.05	.167		48.21		2.01
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	4		48.21		12.05	.167		48.21		2.01
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,827
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	4	\$ 48.21	\$ 12.05	.167	\$ 48.21	\$ 2.01
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	1	4		48.21		12.05	.167	48.21		2.01
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	4		48.21		12.05	.167	48.21		2.01
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	24	732	\$	68,670.72	\$	93.81	30.500	\$ 2861.28	\$	2861.28
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	24	732		68,670.72		93.81	30.500	2861.28		2861.28
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	11	11	\$	225.15	\$	20.47	.458	\$ 20.47	\$	9.38
CLINIC	0	0		.00		.00	.000	.00		.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	11	11	225.15	20.47	.458	20.47	9.38

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,828
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	11	1,326	\$ 1,560.32	\$ 1.18	55.250	\$ 141.85	\$ 65.01
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	11	218.04	19.82	.458	72.68	9.09
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	3	11	218.04	19.82	.458	72.68	9.09
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	10	158.38	15.84	.417	52.79	6.60
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	1,305	1,183.90	.91	54.375	131.54	49.33
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	9	27	\$ 384.73	\$ 14.25	1.125	\$ 42.75	\$ 16.03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,829
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED AID CODE

398 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	407	36,147	\$ 1,649,600.24	\$ 45.64	90.822	\$ 4053.07	\$ 4144.72
@PHYSICIANS SERVICES	63	117	\$ 2,952.46	\$ 25.23	.294	\$ 46.86	\$ 7.42
OUTPATIENT VISITS	3	3	85.50	28.50	.008	28.50	.21
OFFICE VISITS	3	3	85.50	28.50	.008	28.50	.21
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	10	21		657.01	31.29	.053	65.70	1.65
HOSPITAL VISITS	1	5		231.30	46.26	.013	231.30	.58
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	9	16		425.71	26.61	.040	47.30	1.07
OPHTHALMOLOGICAL SERVICES	7	7		315.79	45.11	.018	45.11	.79
EXAMINATIONS	7	7		315.79	45.11	.018	45.11	.79
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	6		314.63	52.44	.015	314.63	.79
PRINCIPAL SURGEON	1	1		168.65	168.65	.003	168.65	.42
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5		145.98	29.20	.013	145.98	.37
OUTPATIENT SURGERY	3	18		575.74	31.99	.045	191.91	1.45
PRINCIPAL SURGEON	1	1		210.91	210.91	.003	210.91	.53
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	17		364.83	21.46	.043	182.42	.92
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	2		19.47	9.74	.005	19.47	.05
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	42	60		984.32	16.41	.151	23.44	2.47
@PHARMACY	359	1,985	\$	169,520.49	\$ 85.40	4.987	\$ 472.20	\$ 425.93
PRESCRIPTION DRUGS	359	1,970		168,992.29	85.78	4.950	470.73	424.60
SNF/ICF	139	1,228		102,831.51	83.74	3.085	739.80	258.37
OUTPATIENTS	221	742		66,160.78	89.17	1.864	299.37	166.23
MEDICAL SUPPLIES	8	15		528.20	35.21	.038	66.03	1.33
@DENTIST	9	77	\$	2,447.52	\$ 31.79	.193	\$ 271.95	\$ 6.15
VISITS - DIAGNOSTIC	9	40		864.52	21.61	.101	96.06	2.17
ORAL SURGERY	4	15		452.00	30.13	.038	113.00	1.14
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	4	4		600.00	150.00	.010	150.00	1.51
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	5	18		531.00	29.50	.045	106.20	1.33
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 6,830
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED							
				AID CODE				
				----- MONTHLY AVERAGE -----				
398 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	3	6 \$	42.14	\$ 7.02	.015 \$	14.05	\$.11	
DIAGNOSTIC AND ANC. PROCED	0	1CR	75.11CR	75.11	.003CR	.00	.19CR	
EYE APPLIANCES	3	7	117.25	16.75	.018	39.08	.29	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000 \$	.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	7	14 \$	41.03	\$ 2.93	.035 \$	5.86	\$.10	

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	7	14	41.03	2.93	.035	5.86	.10
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	45	123	\$ 6,900.70	\$ 56.10	.309	\$ 153.35	\$ 17.34
HOSP INPATIENT TOTAL	3	4	3,802.22	950.56	.010	1267.41	9.55
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	1	2,178.22	2178.22	.003	2178.22	5.47
ACCOMMODATIONS	1	1	391.50	391.50	.003	391.50	.98
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	391.50	391.50	.003	391.50	.98
ANCILLARIES	1	0	1,786.72	.00	.000	1786.72	4.49
INPATIENT CROSSOVERS	2	3	1,624.00	541.33	.008	812.00	4.08
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	44	119	3,098.48	26.04	.299	70.42	7.79
MEDICAL	1	1	54.27	54.27	.003	54.27	.14
SURGERY	4	4	227.61	56.90	.010	56.90	.57
PATHOLOGY	19	53	687.47	12.97	.133	36.18	1.73
RADIOLOGY	1	1	211.58	211.58	.003	211.58	.53
ROOM USE	3	14	869.12	62.08	.035	289.71	2.18
CROSSOVERS/ALL OTH OUTPTNT	23	46	1,048.43	22.79	.116	45.58	2.63
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,831
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED AID CODE

398 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	45	123	\$ 6,900.70	\$ 56.10	.309	\$ 153.35	\$ 17.34
COMM HOSP INPATIENT TOTAL	3	4	3,802.22	950.56	.010	1267.41	9.55
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	1	2,178.22	2178.22	.003	2178.22	5.47
ACCOMMODATIONS	1	1	391.50	391.50	.003	391.50	.98

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1		391.50	391.50	.003	391.50	.98
ANCILLARIES	1	0		1,786.72	.00	.000	1786.72	4.49
INPATIENT CROSSOVERS	2	3		1,624.00	541.33	.008	812.00	4.08
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	44	119		3,098.48	26.04	.299	70.42	7.79
MEDICAL	1	1		54.27	54.27	.003	54.27	.14
SURGERY	4	4		227.61	56.90	.010	56.90	.57
PATHOLOGY	19	53		687.47	12.97	.133	36.18	1.73
RADIOLOGY	1	1		211.58	211.58	.003	211.58	.53
ROOM USE	3	14		869.12	62.08	.035	289.71	2.18
CROSSOVERS/ALL OTH OUTPTNT	23	46		1,048.43	22.79	.116	45.58	2.63
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	124	3,804	\$	401,207.56	\$ 105.47	9.558	\$ 3235.54	\$ 1008.06
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	12	365		38,633.45	105.85	.917	3219.45	97.07
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	3	48		26,541.30	552.94	.121	8847.10	66.69
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	109	3,391		336,032.81	99.10	8.520	3082.87	844.30
@INTERMEDIATE CARE FACIL.-DD	244	7,433	\$	1,007,017.98	\$ 135.48	18.676	\$ 4127.12	\$ 2530.20
ICF DDH	196	5,982		778,882.94	130.20	15.030	3973.89	1956.99
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	48	1,451		228,135.04	157.23	3.646	4752.81	573.20
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$	48.20	\$ 48.20	.003	\$ 48.20	\$.12
PATHOLOGY	1	1		48.20	48.20	.003	48.20	.12
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	160	250	\$	12,654.15	\$ 50.62	.628	\$ 79.09	\$ 31.79
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	160	250		12,654.15	50.62	.628	79.09	31.79
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 6,832
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED							

				AID CODE				----- MONTHLY AVERAGE -----	
398 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@ALL OTHER PROVIDERS	112	22,337	\$ 46,768.01	\$ 2.09	56.123	\$ 417.57	\$ 117.51		
DURABLE MED. EQUIP.	10	64	21,905.35	342.27	.161	2190.54	55.04		
BLOOD BANK	0	0	.00	.00	.000	.00	.00		
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00		
MEDICAL TRANSPORTATION	13	967	2,945.04	3.05	2.430	226.54	7.40		
AMBULANCES/AIR TRANS	2	5	272.23	54.45	.013	136.12	.68		
OTHER TRANS	6	898	2,164.75	2.41	2.256	360.79	5.44		
OTHER SERVICES	5	64	508.06	7.94	.161	101.61	1.28		
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00		

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9	22	277.87	12.63	.055	30.87	.70
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	11	20	1,230.51	61.53	.050	111.86	3.09
HOSPICE SERVICES	3	58	6,239.24	107.57	.146	2079.75	15.68
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	86	21,206	14,170.00	.67	53.281	164.77	35.60
@CALIF. CHILDREN SERVICES*	1	1	\$ 2,178.22	\$ 2178.22	.003	\$ 2178.22	\$ 5.47
@XOVER EXCLUDING STATE HOSP**	87	212	\$ 9,771.93	\$ 46.09	.533	\$ 112.32	\$ 24.55

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,833
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MENDOCINO COUNTY SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES

DISCONTIN

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES DISCONTIN

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.000	\$	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,835
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES	DISCONTIN

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
----- MONTHLY AVERAGE -----							

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000 \$	.00 \$
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00
MEDICAL	0	0		.00	.00	.000	.00
SURGERY	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
ROOM USE	0	0		.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000 \$	.00 \$
MENTALLY ILL	0	0		.00	.00	.000	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000 \$	.00 \$
ICF DDH	0	0		.00	.00	.000	.00
ICF DD	0	0		.00	.00	.000	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000 \$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$
PATHOLOGY	0	0		.00	.00	.000	.00
XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000 \$	.00 \$
CLINIC	0	0		.00	.00	.000	.00
SURGICENTER	0	0		.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV							
MOP024							
MENDOCINO COUNTY							

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES

PAGE 6,836
01/17/03

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	.00	.000	.00	.00
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,837
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG	

	2,713 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,679		136,829	\$ 8,276,995.01	\$ 60.49	50.435	\$ 3089.58	\$ 3050.86
@PHYSICIANS SERVICES	270		550	\$ 7,426.98	\$ 13.50	.203	\$ 27.51	\$ 2.74
OUTPATIENT VISITS	3		3	85.50	28.50	.001	28.50	.03
OFFICE VISITS	3		3	85.50	28.50	.001	28.50	.03
HOME VISITS	0		0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0	.00	.00	.000	.00	.00
INPATIENT VISITS	10		21	657.01	31.29	.008	65.70	.24
HOSPITAL VISITS	1		5	231.30	46.26	.002	231.30	.09
CRITICAL CARE	0		0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	9		16	425.71	26.61	.006	47.30	.16
OPHTHALMOLOGICAL SERVICES	7		7	315.79	45.11	.003	45.11	.12
EXAMINATIONS	7		7	315.79	45.11	.003	45.11	.12
SERVICES AND MATERIALS	0		0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1		6	314.63	52.44	.002	314.63	.12
PRINCIPAL SURGEON	1		1	168.65	168.65	.000	168.65	.06
ASSISTANT SURGEON	0		0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1		5	145.98	29.20	.002	145.98	.05

OUTPATIENT SURGERY	3	18		575.74	31.99	.007	191.91	.21
PRINCIPAL SURGEON	1	1		210.91	210.91	.000	210.91	.08
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	17		364.83	21.46	.006	182.42	.13
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	2		19.47	9.74	.001	19.47	.01
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	249	493		5,458.84	11.07	.182	21.92	2.01
@PHARMACY	2,283	27,391	\$	826,985.03	\$ 30.19	10.096	\$ 362.24	\$ 304.82
PRESCRIPTION DRUGS	2,275	13,787		820,565.56	59.52	5.082	360.69	302.46
SNF/ICF	1,991	12,673		736,844.28	58.14	4.671	370.09	271.60
OUTPATIENTS	314	1,114		83,721.28	75.15	.411	266.63	30.86
MEDICAL SUPPLIES	68	13,604		6,419.47	.47	5.014	94.40	2.37
@DENTIST	68	238	\$	8,797.52	\$ 36.96	.088	\$ 129.38	\$ 3.24
VISITS - DIAGNOSTIC	56	108		2,549.52	23.61	.040	45.53	.94
ORAL SURGERY	17	85		3,494.00	41.11	.031	205.53	1.29
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	5	4		600.00	150.00	.001	120.00	.22
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	7	30		1,149.00	38.30	.011	164.14	.42
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	8	11		1,005.00	91.36	.004	125.63	.37
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MENDOCINO COUNTY

SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

2,713 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	32	77	\$ 1,585.30	\$ 20.59	.028	\$ 49.54	\$.58
DIAGNOSTIC AND ANC. PROCED	5	4	150.36	37.59	.001	30.07	.06
EYE APPLIANCES	26	67	1,275.12	19.03	.025	49.04	.47
OTHER OPTOMETRIC SERVICES	5	6	159.82	26.64	.002	31.96	.06
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	130	187	\$ 1,264.80	\$ 6.76	.069	\$ 9.73	\$.47
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	130	187	1,264.80	6.76	.069	9.73	.47
@HOME HEALTH AGENCY	1	3	\$ 3.47	\$ 1.16	.001	\$ 3.47	\$.00
NURSE ANESTHESIST	1	10	\$ 56.49	\$ 5.65	.004	\$ 56.49	\$.02
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	154	528	\$ 47,057.46	\$ 89.12	.195	\$ 305.57	\$ 17.35
HOSP INPATIENT TOTAL	34	217	40,398.81	186.17	.080	1188.20	14.89
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	1	2,178.22	2178.22	.000	2178.22	.80
ACCOMMODATIONS	1	1	391.50	391.50	.000	391.50	.14
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	391.50	391.50	.000	391.50	.14
ANCILLARIES	1	0	1,786.72	.00	.000	1786.72	.66
INPATIENT CROSSOVERS	33	216	38,220.59	176.95	.080	1158.20	14.09
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	130	311	6,658.65	21.41	.115	51.22	2.45
MEDICAL	2	4	357.55	89.39	.001	178.78	.13
SURGERY	4	4	227.61	56.90	.001	56.90	.08
PATHOLOGY	24	61	783.47	12.84	.022	32.64	.29
RADIOLOGY	1	1	211.58	211.58	.000	211.58	.08
ROOM USE	3	14	869.12	62.08	.005	289.71	.32
CROSSOVERS/ALL OTH OUTPTNT	105	227	4,209.32	18.54	.084	40.09	1.55
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

2,713 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	154	528	\$ 47,057.46	\$ 89.12	.195	\$ 305.57	\$ 17.35
COMM HOSP INPATIENT TOTAL	34	217	40,398.81	186.17	.080	1188.20	14.89
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	1	2,178.22	2178.22	.000	2178.22	.80
ACCOMMODATIONS	1	1	391.50	391.50	.000	391.50	.14
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	391.50	391.50	.000	391.50	.14
ANCILLARIES	1	0	1,786.72	.00	.000	1786.72	.66
INPATIENT CROSSTOVERS	33	216	38,220.59	176.95	.080	1158.20	14.09
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	130	311	6,658.65	21.41	.115	51.22	2.45
MEDICAL	2	4	357.55	89.39	.001	178.78	.13
SURGERY	4	4	227.61	56.90	.001	56.90	.08
PATHOLOGY	24	61	783.47	12.84	.022	32.64	.29
RADIOLOGY	1	1	211.58	211.58	.000	211.58	.08
ROOM USE	3	14	869.12	62.08	.005	289.71	.32
CROSSTOVERS/ALL OTH OUTPTNT	105	227	4,209.32	18.54	.084	40.09	1.55
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2,181	68,364	\$ 6,208,135.79	\$ 90.81	25.199	\$ 2846.46	\$ 2288.29
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	74	2,263	213,087.42	94.16	.834	2879.56	78.54
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	3	48	26,541.30	552.94	.018	8847.10	9.78
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2,104	66,053	5,968,507.07	90.36	24.347	2836.74	2199.97
@INTERMEDIATE CARE FACIL.-DD	256	7,798	\$ 1,054,239.19	\$ 135.19	2.874	\$ 4118.12	\$ 388.59
ICF DDH	208	6,347	826,104.15	130.16	2.339	3971.65	304.50
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	48	1,451	228,135.04	157.23	.535	4752.81	84.09
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$ 48.20	\$ 48.20	.000	\$ 48.20	\$.02
PATHOLOGY	1	1	48.20	48.20	.000	48.20	.02
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	693	1,081	\$ 47,637.85	\$ 44.07	.398	\$ 68.74	\$ 17.56
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	2	5	447.81	89.56	.002	223.91	.17
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	691	1,076	47,190.04	43.86	.397	68.29	17.39
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,840
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG						

2,713 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	364	30,601	\$ 73,756.93	\$ 2.41	11.279	\$ 202.63	\$ 27.19
DURABLE MED. EQUIP.	27	177	28,655.55	161.90	.065	1061.32	10.56
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	12	15	3,278.14	218.54	.006	273.18	1.21
MEDICAL TRANSPORTATION	130	2,044	11,326.71	5.54	.753	87.13	4.17
AMBULANCES/AIR TRANS	4	11	500.75	45.52	.004	125.19	.18
OTHER TRANS	42	1,323	3,582.84	2.71	.488	85.31	1.32
OTHER SERVICES	90	710	7,243.12	10.20	.262	80.48	2.67
ACUPUNCTURE	3	6	108.13	18.02	.002	36.04	.04
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	40	96	1,383.02	14.41	.035	34.58	.51
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	4	6	7.19	1.20	.002	1.80	.00
PROSTHETIST/ORTHOTISTS	2	3	11.11	3.70	.001	5.56	.00
PROSTHETICS	2	3	11.11	3.70	.001	5.56	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	19	21	145.55	6.93	.008	7.66	.05
SPEECH AND AUDIOLOGY	31	53	4,975.91	93.89	.020	160.51	1.83
HOSPICE SERVICES	3	58	6,283.28	108.33	.021	2094.43	2.32
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	133	28,122	17,582.34	.63	10.366	132.20	6.48
@CALIF. CHILDREN SERVICES*	2	2	\$ 2,252.35	\$ 1126.18	.001	\$ 1126.18	\$.83
@XOVER EXCLUDING STATE HOSP**	761	19,048	\$ 120,809.44	\$ 6.34	7.021	\$ 158.75	\$ 44.53

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

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6,643 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5,539	135,477	\$ 7,981,888.40	\$ 58.92	20.394	\$ 1441.03	\$ 1201.55
@PHYSICIANS SERVICES	838	2,488	\$ 49,165.94	\$ 19.76	.375	\$ 58.67	\$ 7.40
OUTPATIENT VISITS	37	45	1,506.44	33.48	.007	40.71	.23
OFFICE VISITS	35	42	1,398.92	33.31	.006	39.97	.21
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	2	89.20	44.60	.000	89.20	.01
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	18.32	18.32	.000	18.32	.00
INPATIENT VISITS	7	27	936.45	34.68	.004	133.78	.14
HOSPITAL VISITS	7	26	877.55	33.75	.004	125.36	.13
CRITICAL CARE	1	1	58.90	58.90	.000	58.90	.01
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	6	8	372.81	46.60	.001	62.14	.06

EXAMINATIONS	6	8		372.81	46.60	.001	62.14	.06
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	23		1,799.30	78.23	.003	359.86	.27
PRINCIPAL SURGEON	4	5		1,186.88	237.38	.001	296.72	.18
ASSISTANT SURGEON	1	1		107.22	107.22	.000	107.22	.02
ANESTHESIOLOGIST	1	17		505.20	29.72	.003	505.20	.08
OUTPATIENT SURGERY	14	48		4,934.23	102.80	.007	352.45	.74
PRINCIPAL SURGEON	11	11		4,219.73	383.61	.002	383.61	.64
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	37		714.50	19.31	.006	142.90	.11
DIALYSIS	7	15		3,106.77	207.12	.002	443.82	.47
PATHOLOGY	10	17		282.10	16.59	.003	28.21	.04
RADIOLOGY	42	62		2,977.77	48.03	.009	70.90	.45
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	3		26.86	8.95	.000	13.43	.00
OTHER SERVICES/ALL X-OVERS	748	2,240		33,223.21	14.83	.337	44.42	5.00
@PHARMACY	4,381	42,114	\$	1,304,882.68	\$ 30.98	6.340	\$ 297.85	\$ 196.43
PRESCRIPTION DRUGS	4,346	20,318		1,285,796.34	63.28	3.059	295.86	193.56
SNF/ICF	1,913	11,768		646,410.90	54.93	1.771	337.90	97.31
OUTPATIENTS	2,469	8,550		639,385.44	74.78	1.287	258.97	96.25
MEDICAL SUPPLIES	187	21,796		19,086.34	.88	3.281	102.07	2.87
@DENTIST	145	453	\$	17,856.00	\$ 39.42	.068	\$ 123.14	\$ 2.69
VISITS - DIAGNOSTIC	105	253		4,087.00	16.15	.038	38.92	.62
ORAL SURGERY	19	90		4,154.00	46.16	.014	218.63	.63
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	0		.00	.00	.000	.00	.00
ENDODONTICS	1	1		260.00	260.00	.000	260.00	.04
RESTORATIVE DENTISTRY	28	67		4,416.00	65.91	.010	157.71	.66
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	23	41		4,939.00	120.46	.006	214.74	.74
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 6,842
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED							

						----- MONTHLY AVERAGE -----		
6,643 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	115	304	\$	6,997.02	\$ 23.02	.046	\$ 60.84	\$ 1.05
DIAGNOSTIC AND ANC. PROCED	34	36		1,544.92	42.91	.005	45.44	.23
EYE APPLIANCES	84	242		4,751.46	19.63	.036	56.57	.72
OTHER OPTOMETRIC SERVICES	23	26		700.64	26.95	.004	30.46	.11
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	154	206	\$	1,646.26	\$ 7.99	.031	\$ 10.69	\$.25
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	154	206		1,646.26	7.99	.031	10.69	.25
@HOME HEALTH AGENCY	3	34	\$	561.83	\$ 16.52	.005	\$ 187.28	\$.08
NURSE ANESTHESIST	17	116	\$	353.01	\$ 3.04	.017	\$ 20.77	\$.05

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	578	2,761	\$	213,318.03	\$	77.26	.416	\$	369.06	\$	32.11
HOSP INPATIENT TOTAL	99	516		164,524.40		318.85	.078		1661.86		24.77
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	5	19		79,172.96		4167.00	.003		15834.59		11.92
ACCOMMODATIONS	5	19		28,040.55		1475.82	.003		5608.11		4.22
ADMINISTRATIVE DAYS	0	0		286.49CR		.00	.000		.00		.04CR
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	19		28,327.04		1490.90	.003		5665.41		4.26
ANCILLARIES	5	0		51,132.41		.00	.000		10226.48		7.70
INPATIENT CROSSOVERS	94	497		85,351.44		171.73	.075		907.99		12.85
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	512	2,245		48,793.63		21.73	.338		95.30		7.35
MEDICAL	27	57		3,073.84		53.93	.009		113.85		.46
SURGERY	7	8		959.81		119.98	.001		137.12		.14
PATHOLOGY	63	189		2,330.29		12.33	.028		36.99		.35
RADIOLOGY	33	39		2,379.51		61.01	.006		72.11		.36
ROOM USE	27	41		2,734.28		66.69	.006		101.27		.41
CROSSOVERS/ALL OTH OUTPTNT	441	1,911		37,315.90		19.53	.288		84.62		5.62
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,843
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED						
					----- MONTHLY AVERAGE -----		
6,643 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	578	2,761	\$ 213,318.03	\$ 77.26	.416	\$ 369.06	\$ 32.11
COMM HOSP INPATIENT TOTAL	99	516	164,524.40	318.85	.078	1661.86	24.77
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	5	19	79,172.96	4167.00	.003	15834.59	11.92
ACCOMMODATIONS	5	19	28,040.55	1475.82	.003	5608.11	4.22
ADMINISTRATIVE DAYS	0	0	286.49CR	.00	.000	.00	.04CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	19	28,327.04	1490.90	.003	5665.41	4.26
ANCILLARIES	5	0	51,132.41	.00	.000	10226.48	7.70
INPATIENT CROSSEOVERS	94	497	85,351.44	171.73	.075	907.99	12.85
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	512	2,245	48,793.63	21.73	.338	95.30	7.35
MEDICAL	27	57	3,073.84	53.93	.009	113.85	.46
SURGERY	7	8	959.81	119.98	.001	137.12	.14
PATHOLOGY	63	189	2,330.29	12.33	.028	36.99	.35
RADIOLOGY	33	39	2,379.51	61.01	.006	72.11	.36
ROOM USE	27	41	2,734.28	66.69	.006	101.27	.41
CROSSEOVERS/ALL OTH OUTPTNT	441	1,911	37,315.90	19.53	.288	84.62	5.62
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2,148	66,004	\$ 5,985,511.78	\$ 90.68	9.936	\$ 2786.55	\$ 901.03
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	63	1,909	175,784.20	92.08	.287	2790.23	26.46
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2,085	64,095	5,809,727.58	90.64	9.649	2786.44	874.56
@INTERMEDIATE CARE FACIL.-DD	12	365	\$ 47,221.21	\$ 129.37	.055	\$ 3935.10	\$ 7.11
ICF DDH	12	365	47,221.21	129.37	.055	3935.10	7.11
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	36	546	\$ 26,053.02	\$ 47.72	.082	\$ 723.70	\$ 3.92
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	36	546	26,053.02	47.72	.082	723.70	3.92
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	21	102	\$ 1,246.49	\$ 12.22	.015	\$ 59.36	\$.19
PATHOLOGY	20	101	1,242.47	12.30	.015	62.12	.19
XO AND OTHERS	1	1	4.02	4.02	.000	4.02	.00
@ORGANIZED OUTPATIENT CLINIC	1,636	3,006	\$ 157,487.53	\$ 52.39	.453	\$ 96.26	\$ 23.71
CLINIC	5	50	999.69	19.99	.008	199.94	.15

SURGICENTER	20	25	1,578.02	63.12	.004	78.90	.24
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,619	2,931	154,909.82	52.85	.441	95.68	23.32

#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

PAGE 6,844 01/17/03

6,643 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	870	16,978	\$ 169,587.60	\$ 9.99	2.556	\$ 194.93	\$ 25.53
DURABLE MED. EQUIP.	43	169	26,552.22	157.11	.025	617.49	4.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	21	30	6,284.57	209.49	.005	299.27	.95
MEDICAL TRANSPORTATION	169	4,125	19,389.37	4.70	.621	114.73	2.92
AMBULANCES/AIR TRANS	3	1CR	2,819.58CR	2819.58	.000	939.86CR	.42CR
OTHER TRANS	44	2,317	7,414.12	3.20	.349	168.50	1.12
OTHER SERVICES	129	1,809	14,794.83	8.18	.272	114.69	2.23
ACUPUNCTURE	23	64	1,081.32	16.90	.010	47.01	.16
ADULT DAY HEALTH CARE CTR	15	185	12,348.47	66.75	.028	823.23	1.86
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	216	1,245	70,715.09	56.80	.187	327.38	10.65
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	122	309	4,328.02	14.01	.047	35.48	.65
PHYSICAL THERAPIST	12	111	955.99	8.61	.017	79.67	.14
PORTABLE X-RAY	4	6	7.19	1.20	.001	1.80	.00
PROSTHETIST/ORTHOTISTS	4	8	500.33	62.54	.001	125.08	.08
PROSTHETICS	4	8	500.33	62.54	.001	125.08	.08
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	19	21	145.55	6.93	.003	7.66	.02
SPEECH AND AUDIOLOGY	49	94	9,693.94	103.13	.014	197.84	1.46
HOSPICE SERVICES	0	0	44.04	.00	.000	.00	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	304	10,611	17,541.50	1.65	1.597	57.70	2.64
@CALIF. CHILDREN SERVICES*	1	7CR	\$ 67.58CR	\$ 9.65	.001CR	\$ 67.58CR	\$.01CR
@XOVER EXCLUDING STATE HOSP**	1,751	24,924	\$ 280,107.30	\$ 11.24	3.752	\$ 159.97	\$ 42.17

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,845 01/17/03
	FEE-FOR-SERVICE/DENTAL	
	SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND	

56 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	54	3,797	\$ 93,501.21	\$ 24.63	67.804	\$ 1731.50	\$ 1669.66
@PHYSICIANS SERVICES	12	89	\$ 734.84	\$ 8.26	1.589	\$ 61.24	\$ 13.12
OUTPATIENT VISITS	2	3	70.36	23.45	.054	35.18	1.26
OFFICE VISITS	2	3	70.36	23.45	.054	35.18	1.26
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00		.00	.000	.00	.00
INPATIENT VISITS	0	0		.00		.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00		.00	.000	.00	.00
CRITICAL CARE	0	0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1		39.86		39.86	.018	39.86	.71
EXAMINATIONS	1	1		39.86		39.86	.018	39.86	.71
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	1	1		225.04		225.04	.018	225.04	4.02
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	2	3		50.16		16.72	.054	25.08	.90
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	10	81		349.42		4.31	1.446	34.94	6.24
@PHARMACY	31	134	\$	9,017.45	\$	67.29	2.393	\$ 290.89	\$ 161.03
PRESCRIPTION DRUGS	31	129		8,800.97		68.22	2.304	283.90	157.16
SNF/ICF	16	89		5,566.06		62.54	1.589	347.88	99.39
OUTPATIENTS	15	40		3,234.91		80.87	.714	215.66	57.77
MEDICAL SUPPLIES	2	5		216.48		43.30	.089	108.24	3.87
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

PAGE 6,846 01/17/03

56 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	4 \$	123.15	\$ 30.79	.071	\$ 61.58	\$ 2.20
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.018	47.45	.85
EYE APPLIANCES	1	3	53.11	17.70	.054	53.11	.95
OTHER OPTOMETRIC SERVICES	1	0	22.59	.00	.000	22.59	.40
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	3 \$	41.09	\$ 13.70	.054	\$ 13.70	\$.73

MEDICINE/INJECTIONS	0	0		.00		.000	.00	.00
SURGERY/ANES.	0	0		.00		.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.000	.00	.00
OTHER	3	3		41.09	13.70	.054	13.70	.73
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
@TOTAL HOSPITAL	2	5	\$	72.90	\$	.089	\$	1.30
HOSP INPATIENT TOTAL	0	0		.00		.000	.00	.00
HSC HOSPITALS	0	0		.00		.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.000	.00	.00
ACCOMMODATIONS	0	0		.00		.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.000	.00	.00
ANCILLARIES	0	0		.00		.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.000	.00	.00
HOSP OUTPATIENT TOTAL	2	5		72.90	14.58	.089	36.45	1.30
MEDICAL	0	0		.00		.000	.00	.00
SURGERY	0	0		.00		.000	.00	.00
PATHOLOGY	0	0		.00		.000	.00	.00
RADIOLOGY	0	0		.00		.000	.00	.00
ROOM USE	0	0		.00		.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	5		72.90	14.58	.089	36.45	1.30
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.000	.00	.00
HSC HOSPITALS	0	0		.00		.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.000	.00	.00
ACCOMMODATIONS	0	0		.00		.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.000	.00	.00
ANCILLARIES	0	0		.00		.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.000	.00	.00
MEDICAL	0	0		.00		.000	.00	.00
SURGERY	0	0		.00		.000	.00	.00
PATHOLOGY	0	0		.00		.000	.00	.00
RADIOLOGY	0	0		.00		.000	.00	.00
ROOM USE	0	0		.00		.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,847
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

	56 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	5	\$	72.90	\$ 14.58	.089	\$ 36.45	\$ 1.30
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	5		72.90		14.58	.089	36.45	1.30
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	5		72.90		14.58	.089	36.45	1.30
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	25	763	\$	72,242.23	\$	94.68	13.625	\$ 2889.69	\$ 1290.04
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	25	763		72,242.23		94.68	13.625	2889.69	1290.04
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	3	152	\$	4,065.04	\$	26.74	2.714	\$ 1355.01	\$ 72.59
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	3	152		4,065.04		26.74	2.714	1355.01	72.59
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	3	11	\$	133.55	\$	12.14	.196	\$ 44.52	\$ 2.38
PATHOLOGY	3	11		133.55		12.14	.196	44.52	2.38
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	21	32	\$	2,127.30	\$	66.48	.571	\$ 101.30	\$ 37.99
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	21	32		2,127.30		66.48	.571	101.30	37.99

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,848
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

56 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	17	2,604	\$ 4,943.66	\$ 1.90	46.500	\$ 290.80	\$ 88.28
DURABLE MED. EQUIP.	1	2	83.51	41.76	.036	83.51	1.49
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	1,274	3,413.48	2.68	22.750	568.91	60.96
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	1,123	2,702.50	2.41	20.054	2702.50	48.26
OTHER SERVICES	5	151	710.98	4.71	2.696	142.20	12.70
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	15	212.34	14.16	.268	53.09	3.79
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	1,313	1,234.33	.94	23.446	123.43	22.04
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	16	252	\$ 1,280.88	\$ 5.08	4.500	\$ 80.06	\$ 22.87

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,849
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED	

3,583 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,460	77,471	\$ 4,217,312.41	\$ 54.44	21.622	\$ 1218.88	\$ 1177.03
@PHYSICIANS SERVICES	714	2,503	\$ 101,097.39	\$ 40.39	.699	\$ 141.59	\$ 28.22

OUTPATIENT VISITS	129	197	6,775.67	34.39	.055	52.52	1.89
OFFICE VISITS	120	182	6,081.04	33.41	.051	50.68	1.70
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	11	588.49	53.50	.003	117.70	.16
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	4	106.14	26.54	.001	26.54	.03
INPATIENT VISITS	53	294	13,119.42	44.62	.082	247.54	3.66
HOSPITAL VISITS	44	259	10,819.91	41.78	.072	245.91	3.02
CRITICAL CARE	9	18	1,846.30	102.57	.005	205.14	.52
SNF/ICF/TRANS IP CARE	10	17	453.21	26.66	.005	45.32	.13
OPHTHALMOLOGICAL SERVICES	21	21	1,000.40	47.64	.006	47.64	.28
EXAMINATIONS	21	21	1,000.40	47.64	.006	47.64	.28
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	45	352	20,071.91	57.02	.098	446.04	5.60
PRINCIPAL SURGEON	31	47	14,258.03	303.36	.013	459.94	3.98
ASSISTANT SURGEON	6	6	1,279.78	213.30	.002	213.30	.36
ANESTHESIOLOGIST	18	299	4,534.10	15.16	.083	251.89	1.27
OUTPATIENT SURGERY	60	199	21,617.95	108.63	.056	360.30	6.03
PRINCIPAL SURGEON	49	72	18,938.47	263.03	.020	386.50	5.29
ASSISTANT SURGEON	1	1	141.88	141.88	.000	141.88	.04
ANESTHESIOLOGIST	16	126	2,537.60	20.14	.035	158.60	.71
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	42	66	2,074.67	31.43	.018	49.40	.58
RADIOLOGY	138	372	17,873.31	48.05	.104	129.52	4.99
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	10	1,594.44	159.44	.003	227.78	.45
OTHER SERVICES/ALL X-OVERS	443	992	16,969.62	17.11	.277	38.31	4.74
@PHARMACY	2,714	23,612	\$ 1,364,903.35	\$ 57.81	6.590	\$ 502.91	\$ 380.94
PRESCRIPTION DRUGS	2,679	11,727	1,349,656.57	115.09	3.273	503.79	376.68
SNF/ICF	170	1,539	122,803.11	79.79	.430	722.37	34.27
OUTPATIENTS	2,512	10,188	1,226,853.46	120.42	2.843	488.40	342.41
MEDICAL SUPPLIES	159	11,885	15,246.78	1.28	3.317	95.89	4.26
@DENTIST	111	535	\$ 20,235.27	\$ 37.82	.149	\$ 182.30	\$ 5.65
VISITS - DIAGNOSTIC	79	287	4,095.27	14.27	.080	51.84	1.14
ORAL SURGERY	25	119	6,293.00	52.88	.033	251.72	1.76
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	3	3	200.00	66.67	.001	66.67	.06
PERIODONTICS	7	8	1,185.00	148.13	.002	169.29	.33
ENDODONTICS	1	1	215.00	215.00	.000	215.00	.06
RESTORATIVE DENTISTRY	35	73	4,766.00	65.29	.020	136.17	1.33
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	10	43	3,451.00	80.26	.012	345.10	.96
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,850
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED						

	3,583 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	79	226	\$	5,078.80	\$ 22.47	.063	\$ 64.29	\$ 1.42
DIAGNOSTIC AND ANC. PROCED	31	30		1,363.49	45.45	.008	43.98	.38

EYE APPLIANCES	61	180		3,382.19		18.79	.050	55.45	.94
OTHER OPTOMETRIC SERVICES	11	16		333.12		20.82	.004	30.28	.09
@CHIROPRACTOR	3	11	\$	158.84	\$	14.44	.003	52.95	.04
VISITS	2	9		125.40		13.93	.003	62.70	.03
OTHER SERVICES	1	2		33.44		16.72	.001	33.44	.01
@PODIATRIST	26	35	\$	517.92	\$	14.80	.010	19.92	.14
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	26	35		517.92		14.80	.010	19.92	.14
@HOME HEALTH AGENCY	12	67	\$	4,769.92	\$	71.19	.019	397.49	1.33
NURSE ANESTHESIST	7	28	\$	142.51	\$	5.09	.008	20.36	.04
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	.00
@TOTAL HOSPITAL	709	3,206	\$	865,113.09	\$	269.84	.895	1220.19	241.45
HOSP INPATIENT TOTAL	82	509		778,737.14		1529.94	.142	9496.79	217.34
HSC HOSPITALS	5	32		49,513.00		1547.28	.009	9902.60	13.82
NON-HSC HOSPITAL TOTAL	40	315		698,186.51		2216.47	.088	17454.66	194.86
ACCOMMODATIONS	38	315		193,197.51		613.33	.088	5084.15	53.92
ADMINISTRATIVE DAYS	5	29		6,597.29		227.49	.008	1319.46	1.84
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	35	286		186,600.22		652.45	.080	5331.43	52.08
ANCILLARIES	40	0		504,989.00		.00	.000	12624.73	140.94
INPATIENT CROSSOVERS	40	162		31,037.63		191.59	.045	775.94	8.66
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	662	2,697		86,375.95		32.03	.753	130.48	24.11
MEDICAL	114	193		10,805.22		55.99	.054	94.78	3.02
SURGERY	37	42		3,306.12		78.72	.012	89.35	.92
PATHOLOGY	223	916		11,227.20		12.26	.256	50.35	3.13
RADIOLOGY	97	149		14,108.87		94.69	.042	145.45	3.94
ROOM USE	131	207		10,219.10		49.37	.058	78.01	2.85
CROSSOVERS/ALL OTH OUTPTNT	422	1,190		36,709.44		30.85	.332	86.99	10.25
@COUNTY HOSPITAL TOTAL	3	51	\$	727.35	\$	14.26	.014	242.45	.20
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	51		727.35		14.26	.014	242.45	.20
MEDICAL	2	6		161.72		26.95	.002	80.86	.05
SURGERY	2	2		37.06		18.53	.001	18.53	.01
PATHOLOGY	1	22		167.66		7.62	.006	167.66	.05
RADIOLOGY	1	8		119.89		14.99	.002	119.89	.03
ROOM USE	2	3		103.60		34.53	.001	51.80	.03
CROSSOVERS/ALL OTH OUTPTNT	2	10		137.42		13.74	.003	68.71	.04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,851
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

----- MONTHLY AVERAGE -----
3,583 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	706	3,155	\$	864,385.74	\$ 273.97	.881	\$ 1224.34	\$ 241.25
COMM HOSP INPATIENT TOTAL	82	509		778,737.14	1529.94	.142	9496.79	217.34
HSC HOSPITALS	5	32		49,513.00	1547.28	.009	9902.60	13.82
NON-HSC HOSPITALS TOTAL	40	315		698,186.51	2216.47	.088	17454.66	194.86
ACCOMMODATIONS	38	315		193,197.51	613.33	.088	5084.15	53.92
ADMINISTRATIVE DAYS	5	29		6,597.29	227.49	.008	1319.46	1.84
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	35	286		186,600.22	652.45	.080	5331.43	52.08
ANCILLARIES	40	0		504,989.00	.00	.000	12624.73	140.94
INPATIENT CROSSOVERS	40	162		31,037.63	191.59	.045	775.94	8.66
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	659	2,646		85,648.60	32.37	.738	129.97	23.90
MEDICAL	112	187		10,643.50	56.92	.052	95.03	2.97
SURGERY	35	40		3,269.06	81.73	.011	93.40	.91
PATHOLOGY	222	894		11,059.54	12.37	.250	49.82	3.09
RADIOLOGY	96	141		13,988.98	99.21	.039	145.72	3.90
ROOM USE	129	204		10,115.50	49.59	.057	78.41	2.82
CROSSOVERS/ALL OTH OUTPTNT	420	1,180		36,572.02	30.99	.329	87.08	10.21
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	149	4,331	\$	466,320.38	\$ 107.67	1.209	\$ 3129.67	\$ 130.15
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	12	365		38,633.45	105.85	.102	3219.45	10.78
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	3	48		26,541.30	552.94	.013	8847.10	7.41
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	134	3,918		401,145.63	102.39	1.093	2993.62	111.96
@INTERMEDIATE CARE FACIL.-DD	244	7,433	\$	1,007,017.98	\$ 135.48	2.075	\$ 4127.12	\$ 281.05
ICF DDH	196	5,982		778,882.94	130.20	1.670	3973.89	217.38
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	48	1,451		228,135.04	157.23	.405	4752.81	63.67
@HEMODIALYSIS TOTAL	19	23	\$	12,010.19	\$ 522.18	.006	\$ 632.12	\$ 3.35
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	19	23		12,010.19	522.18	.006	632.12	3.35
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	51	238	\$	2,106.88	\$ 8.85	.066	\$ 41.31	\$.59
PATHOLOGY	51	238		2,106.88	8.85	.066	41.31	.59
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,500	3,510	\$	217,226.45	\$ 61.89	.980	\$ 144.82	\$ 60.63
CLINIC	2	3		135.04	45.01	.001	67.52	.04
SURGICENTER	12	30		1,230.62	41.02	.008	102.55	.34
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,492	3,477		215,860.79	62.08	.970	144.68	60.25
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 6,852
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MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED							

					----- MONTHLY AVERAGE -----			
3,583 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	589	31,713	\$ 150,613.44	\$ 4.75	8.851	\$ 255.71	\$ 42.04	
DURABLE MED. EQUIP.	44	167	31,617.33	189.33	.047	718.58	8.82	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	

HEARING AID DISPENSERS	3	5	2,516.05	503.21	.001	838.68	.70
MEDICAL TRANSPORTATION	65	2,088	16,782.94	8.04	.583	258.20	4.68
AMBULANCES/AIR TRANS	19	413	6,357.50	15.39	.115	334.61	1.77
OTHER TRANS	12	1,028	2,502.08	2.43	.287	208.51	.70
OTHER SERVICES	36	647	7,923.36	12.25	.181	220.09	2.21
ACUPUNCTURE	62	148	2,530.28	17.10	.041	40.81	.71
ADULT DAY HEALTH CARE CTR	18	147	9,396.37	63.92	.041	522.02	2.62
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	74	561	44,200.97	78.79	.157	597.31	12.34
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	96	258	3,287.21	12.74	.072	34.24	.92
PHYSICAL THERAPIST	13	78	1,413.00	18.12	.022	108.69	.39
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	5	53	6,431.20	121.34	.015	1286.24	1.79
PROSTHETICS	5	53	6,431.20	121.34	.015	1286.24	1.79
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	19	35	2,456.11	70.17	.010	129.27	.69
HOSPICE SERVICES	3	58	6,239.24	107.57	.016	2079.75	1.74
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8	88	907.08	10.31	.025	113.39	.25
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	258	28,027	22,835.66	.81	7.822	88.51	6.37
@CALIF. CHILDREN SERVICES*	13	58	\$ 12,328.13	\$ 212.55	.016	\$ 948.32	\$ 3.44
@XOVER EXCLUDING STATE HOSP**	822	6,086	\$ 102,561.81	\$ 16.85	1.699	\$ 124.77	\$ 28.62

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
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MENDOCINO COUNTY

SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

82,978 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	39,798	256,868	\$ 14,718,053.32	\$ 57.30	3.096	\$ 369.82	\$ 177.37
@PHYSICIANS SERVICES	6,842	19,739	\$ 1,141,749.81	\$ 57.84	.238	\$ 166.87	\$ 13.76
OUTPATIENT VISITS	2,040	2,692	111,275.55	41.34	.032	54.55	1.34
OFFICE VISITS	1,580	1,951	67,206.65	34.45	.024	42.54	.81
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	147	165	7,935.96	48.10	.002	53.99	.10
PREVENTIVE CARE	1	1	43.85	43.85	.000	43.85	.00
OB VISITS/COMPRE PERI	269	488	33,308.28	68.25	.006	123.82	.40
OTHER OUTPATIENT	82	87	2,780.81	31.96	.001	33.91	.03
INPATIENT VISITS	688	2,507	159,870.70	63.77	.030	232.37	1.93
HOSPITAL VISITS	653	2,018	88,045.76	43.63	.024	134.83	1.06
CRITICAL CARE	100	489	71,824.94	146.88	.006	718.25	.87
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	87	97	4,726.60	48.73	.001	54.33	.06
EXAMINATIONS	87	97	4,726.60	48.73	.001	54.33	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	677	3,723	390,584.19	104.91	.045	576.93	4.71
PRINCIPAL SURGEON	440	548	316,833.80	578.16	.007	720.08	3.82
ASSISTANT SURGEON	70	71	15,256.35	214.88	.001	217.95	.18
ANESTHESIOLOGIST	274	3,104	58,494.04	18.84	.037	213.48	.70
OUTPATIENT SURGERY	829	2,945	186,603.59	63.36	.035	225.09	2.25
PRINCIPAL SURGEON	620	743	140,427.19	189.00	.009	226.50	1.69
ASSISTANT SURGEON	6	6	594.25	99.04	.000	99.04	.01
ANESTHESIOLOGIST	311	2,196	45,582.15	20.76	.026	146.57	.55
DIALYSIS	11	26	3,011.50	115.83	.000	273.77	.04
PATHOLOGY	1,235	1,893	51,896.37	27.41	.023	42.02	.63
RADIOLOGY	2,835	4,297	158,082.75	36.79	.052	55.76	1.91
PSYCHIATRY	1	1	29.18	29.18	.000	29.18	.00
IMMUNIZATION AND INJECTION	93	267	17,663.85	66.16	.003	189.93	.21
OTHER SERVICES/ALL X-OVERS	711	1,291	58,005.53	44.93	.016	81.58	.70
@PHARMACY	16,384	40,920	\$ 1,661,177.88	\$ 40.60	.493	\$ 101.39	\$ 20.02
PRESCRIPTION DRUGS	16,221	34,149	1,614,538.31	47.28	.412	99.53	19.46
SNF/ICF	2	2	44.05	22.03	.000	22.03	.00
OUTPATIENTS	16,221	34,147	1,614,494.26	47.28	.412	99.53	19.46
MEDICAL SUPPLIES	439	6,771	46,639.57	6.89	.082	106.24	.56
@DENTIST	1,654	6,404	\$ 213,646.33	\$ 33.36	.077	\$ 129.17	\$ 2.57
VISITS - DIAGNOSTIC	1,216	4,144	64,913.17	15.66	.050	53.38	.78
ORAL SURGERY	262	679	50,743.50	74.73	.008	193.68	.61
DRUGS	18	19	301.00	15.84	.000	16.72	.00
ANESTHESIA	76	77	7,115.00	92.40	.001	93.62	.09
PERIODONTICS	17	17	1,670.00	98.24	.000	98.24	.02
ENDODONTICS	64	127	11,585.00	91.22	.002	181.02	.14
RESTORATIVE DENTISTRY	537	1,282	72,261.75	56.37	.015	134.57	.87
PROSTHETICS	4	4	120.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	6	13	2,632.00	202.46	.000	438.67	.03
SPACE MAINTAINERS	7	7	880.00	125.71	.000	125.71	.01
MAXILLOFACIAL SERVICES	8	12	1,030.20	85.85	.000	128.78	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	6	9	394.71	43.86	.000	65.79	.00
ALL OTHER SERVICES	9	14	.00	.00	.000	.00	.00

MENDOCINO COUNTY

SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

82,978 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	696	2,053	\$ 47,771.07	\$ 23.27	.025	\$ 68.64	\$.58
DIAGNOSTIC AND ANC. PROCED	523	527	24,702.81	46.87	.006	47.23	.30
EYE APPLIANCES	531	1,507	22,540.52	14.96	.018	42.45	.27
OTHER OPTOMETRIC SERVICES	19	19	527.74	27.78	.000	27.78	.01
@CHIROPRACTOR	57	121	\$ 1,981.32	\$ 16.37	.001	\$ 34.76	\$.02
VISITS	57	121	1,981.32	16.37	.001	34.76	.02
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$ 352.20	\$ 176.10	.000	\$ 176.10	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	2	2	352.20	176.10	.000	176.10	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	82	268	\$ 17,587.78	\$ 65.63	.003	\$ 214.49	\$.21
NURSE ANESTHESIST	1	6	\$ 3.37	\$.56	.000	\$ 3.37	\$.00
NURSE MIDWIFE	337	1,543	\$ 47,038.38	\$ 30.49	.019	\$ 139.58	\$.57
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	10,320	51,817	\$ 7,014,704.31	\$ 135.37	.624	\$ 679.72	\$ 84.54
HOSP INPATIENT TOTAL	727	3,100	5,558,461.01	1793.05	.037	7645.75	66.99
HSC HOSPITALS	68	656	1,003,528.84	1529.77	.008	14757.78	12.09
NON-HSC HOSPITAL TOTAL	671	2,444	4,554,932.17	1863.72	.029	6788.27	54.89
ACCOMMODATIONS	624	2,444	1,689,700.68	691.37	.029	2707.85	20.36
ADMINISTRATIVE DAYS	10	41	9,087.95	221.66	.000	908.80	.11
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	618	2,403	1,680,612.73	699.38	.029	2719.44	20.25
ANCILLARIES	671	0	2,865,231.49	.00	.000	4270.09	34.53
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9,964	48,717	1,456,243.30	29.89	.587	146.15	17.55
MEDICAL	4,691	6,941	355,951.43	51.28	.084	75.88	4.29
SURGERY	864	1,087	78,139.16	71.89	.013	90.44	.94
PATHOLOGY	4,682	16,212	186,291.77	11.49	.195	39.79	2.25
RADIOLOGY	2,281	3,099	221,792.90	71.57	.037	97.23	2.67
ROOM USE	5,314	7,470	329,590.75	44.12	.090	62.02	3.97
CROSSOVERS/ALL OTH OUTPTNT	3,799	13,908	284,477.29	20.45	.168	74.88	3.43
@COUNTY HOSPITAL TOTAL	17	124	\$ 98,272.69	\$ 792.52	.001	\$ 5780.75	\$ 1.18
CO HOSPITAL INPATIENT TOTAL	3	81	96,795.02	1195.00	.001	32265.01	1.17
HSC HOSPITALS	3	81	96,795.02	1195.00	.001	32265.01	1.17
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	14	43	1,477.67	34.36	.001	105.55	.02
MEDICAL	6	8	390.45	48.81	.000	65.08	.00
SURGERY	1	3	86.97	28.99	.000	86.97	.00
PATHOLOGY	2	9	164.19	18.24	.000	82.10	.00
RADIOLOGY	1	2	76.47	38.24	.000	76.47	.00
ROOM USE	11	14	556.67	39.76	.000	50.61	.01

82,978 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	10,305	51,693	\$ 6,916,431.62	\$ 133.80	.623	\$	671.17	\$ 83.35
COMM HOSP INPATIENT TOTAL	724	3,019	5,461,665.99	1809.10	.036		7543.74	65.82
HSC HOSPITALS	65	575	906,733.82	1576.93	.007		13949.75	10.93
NON-HSC HOSPITALS TOTAL	671	2,444	4,554,932.17	1863.72	.029		6788.27	54.89
ACCOMMODATIONS	624	2,444	1,689,700.68	691.37	.029		2707.85	20.36
ADMINISTRATIVE DAYS	10	41	9,087.95	221.66	.000		908.80	.11
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	618	2,403	1,680,612.73	699.38	.029		2719.44	20.25
ANCILLARIES	671	0	2,865,231.49	.00	.000		4270.09	34.53
INPATIENT CROSSTOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	9,951	48,674	1,454,765.63	29.89	.587		146.19	17.53
MEDICAL	4,685	6,933	355,560.98	51.29	.084		75.89	4.29
SURGERY	863	1,084	78,052.19	72.00	.013		90.44	.94
PATHOLOGY	4,681	16,203	186,127.58	11.49	.195		39.76	2.24
RADIOLOGY	2,280	3,097	221,716.43	71.59	.037		97.24	2.67
ROOM USE	5,304	7,456	329,034.08	44.13	.090		62.04	3.97
CROSSTOVERS/ALL OTH OUTPTNT	3,794	13,901	284,274.37	20.45	.168		74.93	3.43
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$	.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00	.00
@NURSING FACILITY	1	8	\$ 1,760.88	\$ 220.11	.000	\$	1760.88	\$.02
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
LEV B-REGULAR	1	8	1,760.88	220.11	.000		1760.88	.02
@INTERMEDIATE CARE FACIL.-DD	1	0	\$.00	\$.00	.000	\$	.00	\$.00
ICF DDH	0	0	.00	.00	.000		.00	.00
ICF DD	0	0	.00	.00	.000		.00	.00
ICF DDN/DDCN	1	0	.00	.00	.000		.00	.00
@HEMODIALYSIS TOTAL	13	584	\$ 42,301.34	\$ 72.43	.007	\$	3253.95	\$.51
HOSPITAL BASED	4	47	17,780.10	378.30	.001		4445.03	.21
HEMODIALYSIS CENTER	9	537	24,521.24	45.66	.006		2724.58	.30
@REHABILITATION FACILITY	15	70	\$ 1,145.89	\$ 16.37	.001	\$	76.39	\$.01
HOSPITAL BASED	1	2CR	15.58	7.79CR	.000		15.58	.00
INDEPENDENT FACILITY	14	72	1,130.31	15.70	.001		80.74	.01
@LABORATORY FACILITY	2,063	5,483	\$ 106,244.54	\$ 19.38	.066	\$	51.50	\$ 1.28
PATHOLOGY	2,063	5,483	106,244.54	19.38	.066		51.50	1.28
XO AND OTHERS	0	0	.00	.00	.000		.00	.00
@ORGANIZED OUTPATIENT CLINIC	21,780	40,966	\$ 3,914,848.61	\$ 95.56	.494	\$	179.75	\$ 47.18
CLINIC	574	2,312	50,388.66	21.79	.028		87.79	.61
SURGICENTER	57	266	10,064.43	37.84	.003		176.57	.12
HEROIN DETOX CLINIC	0	0	.00	.00	.000		.00	.00
RURAL HEALTH CLINIC	21,340	38,388	3,854,395.52	100.41	.463		180.62	46.45

82,978 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4,077	86,884	\$ 505,739.61	\$ 5.82	1.047	\$ 124.05	\$ 6.09
DURABLE MED. EQUIP.	100	196	18,056.19	92.12	.002	180.56	.22
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	21	1,020.53	48.60	.000	145.79	.01
MEDICAL TRANSPORTATION	286	12,498	227,533.31	18.21	.151	795.57	2.74
AMBULANCES/AIR TRANS	278	8,025	134,466.07	16.76	.097	483.69	1.62
OTHER TRANS	3	4,420	9,519.39	2.15	.053	3173.13	.11
OTHER SERVICES	50	53	83,547.85	1576.37	.001	1670.96	1.01
ACUPUNCTURE	896	2,170	37,159.43	17.12	.026	41.47	.45
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	294	295	22,977.00	77.89	.004	78.15	.28
IHMC,MODEL-NF,NF,AIDS,MSSP	4	18	2,867.25	159.29	.000	716.81	.03
OCCUPATIONAL THERAPIST	2	10	159.93	15.99	.000	79.97	.00
OPTICIAN	602	1,433	14,989.11	10.46	.017	24.90	.18
PHYSICAL THERAPIST	118	1,057	17,294.83	16.36	.013	146.57	.21
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	46	112	13,796.20	123.18	.001	299.92	.17
PROSTHETICS	29	90	12,749.81	141.66	.001	439.65	.15
ORTHOTICS	17	22	1,046.39	47.56	.000	61.55	.01
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	34	63	5,057.16	80.27	.001	148.74	.06
HOSPICE SERVICES	1	11	1,216.16	110.56	.000	1216.16	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,621	9,168	109,717.24	11.97	.110	67.68	1.32
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	140	59,832	33,895.27	.57	.721	242.11	.41
@CALIF. CHILDREN SERVICES*	397	3,458	\$ 1,291,174.74	\$ 373.39	.042	\$ 3252.33	\$ 15.56
@XOVER EXCLUDING STATE HOSP**	70	169	\$ 3,115.61	\$ 18.44	.002	\$ 44.51	\$.04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

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93,260 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	48,851	473,613	\$ 27,010,755.34	\$ 57.03	5.078	\$ 552.92	\$ 289.63
@PHYSICIANS SERVICES	8,406	24,819	\$ 1,292,747.98	\$ 52.09	.266	\$ 153.79	\$ 13.86
OUTPATIENT VISITS	2,208	2,937	119,628.02	40.73	.031	54.18	1.28
OFFICE VISITS	1,737	2,178	74,756.97	34.32	.023	43.04	.80
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	153	178	8,613.65	48.39	.002	56.30	.09
PREVENTIVE CARE	1	1	43.85	43.85	.000	43.85	.00
OB VISITS/COMPRE PERI	269	488	33,308.28	68.25	.005	123.82	.36
OTHER OUTPATIENT	87	92	2,905.27	31.58	.001	33.39	.03
INPATIENT VISITS	748	2,828	173,926.57	61.50	.030	232.52	1.86
HOSPITAL VISITS	704	2,303	99,743.22	43.31	.025	141.68	1.07
CRITICAL CARE	110	508	73,730.14	145.14	.005	670.27	.79
SNF/ICF/TRANS IP CARE	10	17	453.21	26.66	.000	45.32	.00
OPHTHALMOLOGICAL SERVICES	115	127	6,139.67	48.34	.001	53.39	.07

EXAMINATIONS	115	127		6,139.67		48.34	.001	53.39	.07
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	727	4,098		412,455.40		100.65	.044	567.34	4.42
PRINCIPAL SURGEON	475	600		332,278.71		553.80	.006	699.53	3.56
ASSISTANT SURGEON	77	78		16,643.35		213.38	.001	216.15	.18
ANESTHESIOLOGIST	293	3,420		63,533.34		18.58	.037	216.84	.68
OUTPATIENT SURGERY	903	3,192		213,155.77		66.78	.034	236.05	2.29
PRINCIPAL SURGEON	680	826		163,585.39		198.05	.009	240.57	1.75
ASSISTANT SURGEON	7	7		736.13		105.16	.000	105.16	.01
ANESTHESIOLOGIST	332	2,359		48,834.25		20.70	.025	147.09	.52
DIALYSIS	19	42		6,343.31		151.03	.000	333.86	.07
PATHOLOGY	1,287	1,976		54,253.14		27.46	.021	42.15	.58
RADIOLOGY	3,017	4,734		178,983.99		37.81	.051	59.33	1.92
PSYCHIATRY	1	1		29.18		29.18	.000	29.18	.00
IMMUNIZATION AND INJECTION	102	280		19,285.15		68.88	.003	189.07	.21
OTHER SERVICES/ALL X-OVERS	1,912	4,604		108,547.78		23.58	.049	56.77	1.16
@PHARMACY	23,510	106,780	\$	4,339,981.36	\$	40.64	1.145	\$ 184.60	\$ 46.54
PRESCRIPTION DRUGS	23,277	66,323		4,258,792.19		64.21	.711	182.96	45.67
SNF/ICF	2,101	13,398		774,824.12		57.83	.144	368.79	8.31
OUTPATIENTS	21,217	52,925		3,483,968.07		65.83	.567	164.21	37.36
MEDICAL SUPPLIES	787	40,457		81,189.17		2.01	.434	103.16	.87
@DENTIST	1,910	7,392	\$	251,737.60	\$	34.06	.079	\$ 131.80	\$ 2.70
VISITS - DIAGNOSTIC	1,400	4,684		73,095.44		15.61	.050	52.21	.78
ORAL SURGERY	306	888		61,190.50		68.91	.010	199.97	.66
DRUGS	18	19		301.00		15.84	.000	16.72	.00
ANESTHESIA	79	80		7,315.00		91.44	.001	92.59	.08
PERIODONTICS	25	25		2,855.00		114.20	.000	114.20	.03
ENDODONTICS	66	129		12,060.00		93.49	.001	182.73	.13
RESTORATIVE DENTISTRY	600	1,422		81,443.75		57.27	.015	135.74	.87
PROSTHETICS	5	5		150.00		30.00	.000	30.00	.00
DENTURES, STAYPLATES	39	97		11,022.00		113.63	.001	282.62	.12
SPACE MAINTAINERS	7	7		880.00		125.71	.000	125.71	.01

MAXILLOFACIAL SERVICES	8	12	1,030.20	85.85	.000	128.78	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	6	9	394.71	43.86	.000	65.79	.00
ALL OTHER SERVICES	10	15	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

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93,260 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	892	2,587	\$ 59,970.04	\$ 23.18	.028	\$ 67.23	\$.64
DIAGNOSTIC AND ANC. PROCED	589	594	27,658.67	46.56	.006	46.96	.30
EYE APPLIANCES	677	1,932	30,727.28	15.90	.021	45.39	.33
OTHER OPTOMETRIC SERVICES	54	61	1,584.09	25.97	.001	29.34	.02
@CHIROPRACTOR	60	132	\$ 2,140.16	\$ 16.21	.001	\$ 35.67	\$.02
VISITS	59	130	2,106.72	16.21	.001	35.71	.02
OTHER SERVICES	1	2	33.44	16.72	.000	33.44	.00
@PODIATRIST	185	246	\$ 2,557.47	\$ 10.40	.003	\$ 13.82	\$.03
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	2	2	352.20	176.10	.000	176.10	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	183	244	2,205.27	9.04	.003	12.05	.02
@HOME HEALTH AGENCY	97	369	\$ 22,919.53	\$ 62.11	.004	\$ 236.28	\$.25
NURSE ANESTHESIST	25	150	\$ 498.89	\$ 3.33	.002	\$ 19.96	\$.01
NURSE MIDWIFE	337	1,543	\$ 47,038.38	\$ 30.49	.017	\$ 139.58	\$.50
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	11,609	57,789	\$ 8,093,208.33	\$ 140.05	.620	\$ 697.15	\$ 86.78
HOSP INPATIENT TOTAL	908	4,125	6,501,722.55	1576.18	.044	7160.49	69.72
HSC HOSPITALS	73	688	1,053,041.84	1530.58	.007	14425.23	11.29
NON-HSC HOSPITAL TOTAL	716	2,778	5,332,291.64	1919.47	.030	7447.33	57.18
ACCOMMODATIONS	667	2,778	1,910,938.74	687.88	.030	2864.98	20.49
ADMINISTRATIVE DAYS	15	70	15,398.75	219.98	.001	1026.58	.17
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	658	2,708	1,895,539.99	699.98	.029	2880.76	20.33
ANCILLARIES	716	0	3,421,352.90	.00	.000	4778.43	36.69
INPATIENT CROSSOVERS	134	659	116,389.07	176.61	.007	868.58	1.25
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	11,140	53,664	1,591,485.78	29.66	.575	142.86	17.07
MEDICAL	4,832	7,191	369,830.49	51.43	.077	76.54	3.97
SURGERY	908	1,137	82,405.09	72.48	.012	90.75	.88
PATHOLOGY	4,968	17,317	199,849.26	11.54	.186	40.23	2.14
RADIOLOGY	2,411	3,287	238,281.28	72.49	.035	98.83	2.56
ROOM USE	5,472	7,718	342,544.13	44.38	.083	62.60	3.67
CROSSOVERS/ALL OTH OUTPTNT	4,664	17,014	358,575.53	21.08	.182	76.88	3.84
@COUNTY HOSPITAL TOTAL	20	175	\$ 99,000.04	\$ 565.71	.002	\$ 4950.00	\$ 1.06
CO HOSPITAL INPATIENT TOTAL	3	81	96,795.02	1195.00	.001	32265.01	1.04
HSC HOSPITALS	3	81	96,795.02	1195.00	.001	32265.01	1.04
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	17	94	2,205.02	23.46	.001	129.71	.02
MEDICAL	8	14	552.17	39.44	.000	69.02	.01
SURGERY	3	5	124.03	24.81	.000	41.34	.00
PATHOLOGY	3	31	331.85	10.70	.000	110.62	.00
RADIOLOGY	2	10	196.36	19.64	.000	98.18	.00
ROOM USE	13	17	660.27	38.84	.000	50.79	.01
CROSSEOVERS/ALL OTH OUTPTNT	8	17	340.34	20.02	.000	42.54	.00

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MENDOCINO COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

	93,260 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11,591	57,614	\$ 7,994,208.29	\$ 138.75	.618	\$ 689.69	\$ 85.72	
COMM HOSP INPATIENT TOTAL	905	4,044	6,404,927.53	1583.81	.043	7077.27	68.68	
HSC HOSPITALS	70	607	956,246.82	1575.37	.007	13660.67	10.25	
NON-HSC HOSPITALS TOTAL	716	2,778	5,332,291.64	1919.47	.030	7447.33	57.18	
ACCOMMODATIONS	667	2,778	1,910,938.74	687.88	.030	2864.98	20.49	
ADMINISTRATIVE DAYS	15	70	15,398.75	219.98	.001	1026.58	.17	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	658	2,708	1,895,539.99	699.98	.029	2880.76	20.33	
ANCILLARIES	716	0	3,421,352.90	.00	.000	4778.43	36.69	
INPATIENT CROSSEOVERS	134	659	116,389.07	176.61	.007	868.58	1.25	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	11,124	53,570	1,589,280.76	29.67	.574	142.87	17.04	
MEDICAL	4,824	7,177	369,278.32	51.45	.077	76.55	3.96	
SURGERY	905	1,132	82,281.06	72.69	.012	90.92	.88	
PATHOLOGY	4,966	17,286	199,517.41	11.54	.185	40.18	2.14	
RADIOLOGY	2,409	3,277	238,084.92	72.65	.035	98.83	2.55	
ROOM USE	5,460	7,701	341,883.86	44.39	.083	62.62	3.67	
CROSSEOVERS/ALL OTH OUTPTNT	4,657	16,997	358,235.19	21.08	.182	76.92	3.84	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	2,323	71,106	\$ 6,525,835.27	\$ 91.78	.762	\$ 2809.23	\$ 69.97	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	75	2,274	214,417.65	94.29	.024	2858.90	2.30	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	3	48	26,541.30	552.94	.001	8847.10	.28	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	2,245	68,784	6,284,876.32	91.37	.738	2799.50	67.39	
@INTERMEDIATE CARE FACIL.-DD	257	7,798	\$ 1,054,239.19	\$ 135.19	.084	\$ 4102.10	\$ 11.30	
ICF DDH	208	6,347	826,104.15	130.16	.068	3971.65	8.86	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	49	1,451	228,135.04	157.23	.016	4655.82	2.45	
@HEMODIALYSIS TOTAL	71	1,305	\$ 84,429.59	\$ 64.70	.014	\$ 1189.15	\$.91	
HOSPITAL BASED	4	47	17,780.10	378.30	.001	4445.03	.19	
HEMODIALYSIS CENTER	67	1,258	66,649.49	52.98	.013	994.77	.71	
@REHABILITATION FACILITY	15	70	\$ 1,145.89	\$ 16.37	.001	\$ 76.39	\$.01	
HOSPITAL BASED	1	2CR	15.58	7.79CR	.000	15.58	.00	
INDEPENDENT FACILITY	14	72	1,130.31	15.70	.001	80.74	.01	
@LABORATORY FACILITY	2,138	5,834	\$ 109,731.46	\$ 18.81	.063	\$ 51.32	\$ 1.18	
PATHOLOGY	2,137	5,833	109,727.44	18.81	.063	51.35	1.18	
XO AND OTHERS	1	1	4.02	4.02	.000	4.02	.00	
@ORGANIZED OUTPATIENT CLINIC	24,937	47,514	\$ 4,291,689.89	\$ 90.32	.509	\$ 172.10	\$ 46.02	
CLINIC	581	2,365	51,523.39	21.79	.025	88.68	.55	

SURGICENTER	89	321	12,873.07	40.10	.003	144.64	.14
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	24,472	44,828	4,227,293.43	94.30	.481	172.74	45.33

#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

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	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
93,260 ELIGIBLES							
@ALL OTHER PROVIDERS	5,553	138,179	\$ 830,884.31	\$ 6.01	1.482	\$ 149.63	\$ 8.91
DURABLE MED. EQUIP.	188	534	76,309.25	142.90	.006	405.90	.82
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	31	56	9,821.15	175.38	.001	316.81	.11
MEDICAL TRANSPORTATION	526	19,985	267,119.10	13.37	.214	507.83	2.86
AMBULANCES/AIR TRANS	300	8,437	138,003.99	16.36	.090	460.01	1.48
OTHER TRANS	60	8,888	22,138.09	2.49	.095	368.97	.24
OTHER SERVICES	220	2,660	106,977.02	40.22	.029	486.26	1.15
ACUPUNCTURE	981	2,382	40,771.03	17.12	.026	41.56	.44
ADULT DAY HEALTH CARE CTR	33	332	21,744.84	65.50	.004	658.93	.23
GENETIC DISEASE TESTING	294	295	22,977.00	77.89	.003	78.15	.25
IHMC, MODEL-NF, NF, AIDS, MSSP	294	1,824	117,783.31	64.57	.020	400.62	1.26
OCCUPATIONAL THERAPIST	2	10	159.93	15.99	.000	79.97	.00
OPTICIAN	824	2,015	22,816.68	11.32	.022	27.69	.24
PHYSICAL THERAPIST	143	1,246	19,663.82	15.78	.013	137.51	.21
PORTABLE X-RAY	4	6	7.19	1.20	.000	1.80	.00
PROSTHETIST/ORTHOTISTS	55	173	20,727.73	119.81	.002	376.87	.22
PROSTHETICS	38	151	19,681.34	130.34	.002	517.93	.21
ORTHOTICS	17	22	1,046.39	47.56	.000	61.55	.01
PSYCHOLOGIST	19	21	145.55	6.93	.000	7.66	.00
SPEECH AND AUDIOLOGY	102	192	17,207.21	89.62	.002	168.70	.18
HOSPICE SERVICES	4	69	7,499.44	108.69	.001	1874.86	.08
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,629	9,256	110,624.32	11.95	.099	67.91	1.19
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	712	99,783	75,506.76	.76	1.070	106.05	.81
@CALIF. CHILDREN SERVICES*	411	3,509	\$ 1,303,435.29	\$ 371.45	.038	\$ 3171.38	\$ 13.98
@XOVER EXCLUDING STATE HOSP**	2,659	31,431	\$ 387,065.60	\$ 12.31	.337	\$ 145.57	\$ 4.15

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,861 01/17/03
	FEE-FOR-SERVICE/DENTAL	
	SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
4,879 ELIGIBLES							
@TOTAL, ALL PROVIDERS	2,156	12,218	\$ 752,424.77	\$ 61.58	2.504	\$ 348.99	\$ 154.22
@PHYSICIANS SERVICES	362	993	\$ 47,475.30	\$ 47.81	.204	\$ 131.15	\$ 9.73
OUTPATIENT VISITS	132	174	7,439.58	42.76	.036	56.36	1.52
OFFICE VISITS	104	135	4,502.64	33.35	.028	43.29	.92
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	9	10	432.84	43.28	.002	48.09	.09
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	17	25	2,405.46	96.22	.005	141.50	.49

OTHER OUTPATIENT	3	4		98.64	24.66	.001	32.88	.02
INPATIENT VISITS	28	114		8,127.99	71.30	.023	290.29	1.67
HOSPITAL VISITS	24	73		3,689.04	50.53	.015	153.71	.76
CRITICAL CARE	7	41		4,438.95	108.27	.008	634.14	.91
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	8	10		503.02	50.30	.002	62.88	.10
EXAMINATIONS	8	10		503.02	50.30	.002	62.88	.10
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	27	92		12,261.93	133.28	.019	454.15	2.51
PRINCIPAL SURGEON	20	23		10,729.43	466.50	.005	536.47	2.20
ASSISTANT SURGEON	1	1		134.77	134.77	.000	134.77	.03
ANESTHESIOLOGIST	8	68		1,397.73	20.55	.014	174.72	.29
OUTPATIENT SURGERY	39	180		7,228.49	40.16	.037	185.35	1.48
PRINCIPAL SURGEON	25	36		4,432.79	123.13	.007	177.31	.91
ASSISTANT SURGEON	1	1		107.22	107.22	.000	107.22	.02
ANESTHESIOLOGIST	15	143		2,688.48	18.80	.029	179.23	.55
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	41	78		1,993.90	25.56	.016	48.63	.41
RADIOLOGY	165	285		6,679.07	23.44	.058	40.48	1.37
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	6		241.80	40.30	.001	40.30	.05
OTHER SERVICES/ALL X-OVERS	40	54		2,999.52	55.55	.011	74.99	.61
@PHARMACY	894	3,029	\$	103,687.29	\$ 34.23	.621	\$ 115.98	\$ 21.25
PRESCRIPTION DRUGS	885	1,849		101,274.61	54.77	.379	114.43	20.76
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	885	1,849		101,274.61	54.77	.379	114.43	20.76
MEDICAL SUPPLIES	31	1,180		2,412.68	2.04	.242	77.83	.49
@DENTIST	105	424	\$	14,691.43	\$ 34.65	.087	\$ 139.92	\$ 3.01
VISITS - DIAGNOSTIC	82	290		4,845.43	16.71	.059	59.09	.99
ORAL SURGERY	18	51		5,162.00	101.22	.010	286.78	1.06
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	7	7		300.00	42.86	.001	42.86	.06
PERIODONTICS	1	2		.00	.00	.000	.00	.00
ENDODONTICS	7	12		1,964.00	163.67	.002	280.57	.40
RESTORATIVE DENTISTRY	14	47		1,568.00	33.36	.010	112.00	.32
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	1	2		222.00	111.00	.000	222.00	.05
MAXILLOFACIAL SERVICES	1	2		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	10	10		630.00	63.00	.002	63.00	.13
ALL OTHER SERVICES	1	1		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82							

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	4,879 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	35		100	\$ 2,294.54	\$ 22.95	.020	\$ 65.56	\$.47
DIAGNOSTIC AND ANC. PROCED	27		27	1,281.02	47.45	.006	47.45	.26
EYE APPLIANCES	25		73	1,013.52	13.88	.015	40.54	.21
OTHER OPTOMETRIC SERVICES	0		0	.00	.00	.000	.00	.00
@CHIROPRACTOR	1		2	\$ 33.44	\$ 16.72	.000	\$ 33.44	\$.01
VISITS	1		2	33.44	16.72	.000	33.44	.01
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	4	5	\$	258.74	\$ 51.75	.001	\$ 64.69	\$.05
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	4	4	\$	654.13	\$ 163.53	.001	\$ 163.53	\$.13
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	550	2,591	\$	340,498.61	\$ 131.42	.531	\$ 619.09	\$ 69.79
HOSP INPATIENT TOTAL	39	127		262,905.64	2070.12	.026	6741.17	53.89
HSC HOSPITALS	2	24		591.76	24.66	.005	295.88	.12
NON-HSC HOSPITAL TOTAL	37	103		262,313.88	2546.74	.021	7089.56	53.76
ACCOMMODATIONS	35	103		81,961.98	795.75	.021	2341.77	16.80
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	35	103		81,961.98	795.75	.021	2341.77	16.80
ANCILLARIES	37	0		180,351.90	.00	.000	4874.38	36.96
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	527	2,464		77,592.97	31.49	.505	147.24	15.90
MEDICAL	290	440		23,475.26	53.35	.090	80.95	4.81
SURGERY	42	55		3,860.75	70.20	.011	91.92	.79
PATHOLOGY	234	829		10,148.72	12.24	.170	43.37	2.08
RADIOLOGY	136	214		13,348.11	62.37	.044	98.15	2.74
ROOM USE	321	413		17,922.52	43.40	.085	55.83	3.67
CROSSOVERS/ALL OTH OUTPTNT	204	513		8,837.61	17.23	.105	43.32	1.81
@COUNTY HOSPITAL TOTAL	6	44	\$	1,062.42	\$ 24.15	.009	\$ 177.07	\$.22
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	44	1,062.42	24.15	.009	177.07	.22
MEDICAL	4	4	79.02	19.76	.001	19.76	.02
SURGERY	2	3	103.60	34.53	.001	51.80	.02
PATHOLOGY	2	8	143.88	17.99	.002	71.94	.03
RADIOLOGY	1	1	56.53	56.53	.000	56.53	.01
ROOM USE	5	9	527.12	58.57	.002	105.42	.11
CROSSOVERS/ALL OTH OUTPTNT	3	19	152.27	8.01	.004	50.76	.03

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

4,879 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	544	2,547	\$ 339,436.19	\$ 133.27	.522	\$ 623.96	\$ 69.57
COMM HOSP INPATIENT TOTAL	39	127	262,905.64	2070.12	.026	6741.17	53.89
HSC HOSPITALS	2	24	591.76	24.66	.005	295.88	.12
NON-HSC HOSPITALS TOTAL	37	103	262,313.88	2546.74	.021	7089.56	53.76
ACCOMMODATIONS	35	103	81,961.98	795.75	.021	2341.77	16.80
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	35	103	81,961.98	795.75	.021	2341.77	16.80
ANCILLARIES	37	0	180,351.90	.00	.000	4874.38	36.96
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	521	2,420	76,530.55	31.62	.496	146.89	15.69
MEDICAL	286	436	23,396.24	53.66	.089	81.81	4.80
SURGERY	40	52	3,757.15	72.25	.011	93.93	.77
PATHOLOGY	232	821	10,004.84	12.19	.168	43.12	2.05
RADIOLOGY	135	213	13,291.58	62.40	.044	98.46	2.72
ROOM USE	316	404	17,395.40	43.06	.083	55.05	3.57
CROSSOVERS/ALL OTH OUTPTNT	201	494	8,685.34	17.58	.101	43.21	1.78
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	4	38	\$ 489.96	\$ 12.89	.008	\$ 122.49	\$.10
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	4	38		489.96		12.89	.008	122.49	.10
@LABORATORY FACILITY	140	277	\$	6,966.43	\$	25.15	.057	\$ 49.76	\$ 1.43
PATHOLOGY	140	277		6,966.43		25.15	.057	49.76	1.43
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	948	1,756	\$	145,190.08	\$	82.68	.360	\$ 153.15	\$ 29.76
CLINIC	58	302		5,495.82		18.20	.062	94.76	1.13
SURGICENTER	3	13		453.76		34.90	.003	151.25	.09
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	905	1,441		139,240.50		96.63	.295	153.86	28.54

#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

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4,879 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	242	2,999	\$ 90,184.82	\$ 30.07	.615	\$ 372.66	\$ 18.48
DURABLE MED. EQUIP.	18	68	32,199.13	473.52	.014	1788.84	6.60
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2	143.73	71.87	.000	143.73	.03
MEDICAL TRANSPORTATION	27	821	24,829.96	30.24	.168	919.63	5.09
AMBULANCES/AIR TRANS	27	814	12,229.96	15.02	.167	452.96	2.51
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	7	7	12,600.00	1800.00	.001	1800.00	2.58
ACUPUNCTURE	24	61	1,021.85	16.75	.013	42.58	.21
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	9	9	781.00	86.78	.002	86.78	.16
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	2	13	194.84	14.99	.003	97.42	.04
OPTICIAN	39	92	886.63	9.64	.019	22.73	.18
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	9	20	2,773.87	138.69	.004	308.21	.57
PROSTHETICS	8	19	2,685.18	141.33	.004	335.65	.55
ORTHOTICS	1	1	88.69	88.69	.000	88.69	.02
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	18	90	2,912.98	32.37	.018	161.83	.60
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	100	1,822	19,354.16	10.62	.373	193.54	3.97
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	5,086.67	5086.67	.000	5086.67	1.04
@CALIF. CHILDREN SERVICES*	47	164	\$ 54,032.52	\$ 329.47	.034	\$ 1149.63	\$ 11.07
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 45 MIC - SOC

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39 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	94	647	\$ 101,877.44	\$ 157.46	16.590	\$ 1083.80	\$ 2612.24
@PHYSICIANS SERVICES	29	121	\$ 5,087.62	\$ 42.05	3.103	\$ 175.44	\$ 130.45

OUTPATIENT VISITS	3	3	86.70	28.90	.077	28.90	2.22
OFFICE VISITS	2	2	42.10	21.05	.051	21.05	1.08
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.026	44.60	1.14
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	5	16	558.81	34.93	.410	111.76	14.33
HOSPITAL VISITS	5	16	558.81	34.93	.410	111.76	14.33
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	23	1,949.18	84.75	.590	324.86	49.98
PRINCIPAL SURGEON	4	4	1,436.35	359.09	.103	359.09	36.83
ASSISTANT SURGEON	1	1	139.61	139.61	.026	139.61	3.58
ANESTHESIOLOGIST	1	18	373.22	20.73	.462	373.22	9.57
OUTPATIENT SURGERY	5	28	901.19	32.19	.718	180.24	23.11
PRINCIPAL SURGEON	2	5	463.58	92.72	.128	231.79	11.89
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	23	437.61	19.03	.590	145.87	11.22
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	4	91.95	22.99	.103	30.65	2.36
RADIOLOGY	16	44	1,381.34	31.39	1.128	86.33	35.42
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	3	118.45	39.48	.077	39.48	3.04
@PHARMACY	9	18	\$ 892.81	\$ 49.60	.462	\$ 99.20	\$ 22.89
PRESCRIPTION DRUGS	9	18	892.81	49.60	.462	99.20	22.89
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	9	18	892.81	49.60	.462	99.20	22.89
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	13	57	\$ 1,506.00	\$ 26.42	1.462	\$ 115.85	\$ 38.62
VISITS - DIAGNOSTIC	11	40	130.00	3.25	1.026	11.82	3.33
ORAL SURGERY	3	9	745.00	82.78	.231	248.33	19.10
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	22.00	11.00	.051	11.00	.56
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	260.00	260.00	.026	260.00	6.67
RESTORATIVE DENTISTRY	3	5	349.00	69.80	.128	116.33	8.95
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,866
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 45 MIC - SOC						
				AID CODE			
				----- MONTHLY AVERAGE -----			
39 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	1	2	\$ 41.72	\$ 20.86	.051	\$ 41.72	\$ 1.07
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	50	269	\$ 86,862.55	\$ 322.91	6.897	\$ 1737.25	\$ 2227.24
HOSP INPATIENT TOTAL	6	24	79,289.90	3303.75	.615	13214.98	2033.07
HSC HOSPITALS	1	1	1,086.00	1086.00	.026	1086.00	27.85
NON-HSC HOSPITAL TOTAL	5	23	78,203.90	3400.17	.590	15640.78	2005.23
ACCOMMODATIONS	5	23	12,830.62	557.85	.590	2566.12	328.99
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	23	12,830.62	557.85	.590	2566.12	328.99
ANCILLARIES	5	0	65,373.28	.00	.000	13074.66	1676.24
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	45	245	7,572.65	30.91	6.282	168.28	194.17
MEDICAL	28	43	2,377.01	55.28	1.103	84.89	60.95
SURGERY	3	3	191.32	63.77	.077	63.77	4.91
PATHOLOGY	30	100	1,007.23	10.07	2.564	33.57	25.83
RADIOLOGY	11	19	2,338.94	123.10	.487	212.63	59.97
ROOM USE	30	40	1,236.11	30.90	1.026	41.20	31.70
CROSSOVERS/ALL OTH OUTPTNT	24	40	422.04	10.55	1.026	17.59	10.82
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,867
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 45 MIC - SOC AID CODE

----- MONTHLY AVERAGE -----
39 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	50	269	\$	86,862.55	\$ 322.91	6.897	\$ 1737.25	\$ 2227.24
COMM HOSP INPATIENT TOTAL	6	24		79,289.90	3303.75	.615	13214.98	2033.07
HSC HOSPITALS	1	1		1,086.00	1086.00	.026	1086.00	27.85
NON-HSC HOSPITALS TOTAL	5	23		78,203.90	3400.17	.590	15640.78	2005.23
ACCOMMODATIONS	5	23		12,830.62	557.85	.590	2566.12	328.99
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	23		12,830.62	557.85	.590	2566.12	328.99
ANCILLARIES	5	0		65,373.28	.00	.000	13074.66	1676.24
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	45	245		7,572.65	30.91	6.282	168.28	194.17
MEDICAL	28	43		2,377.01	55.28	1.103	84.89	60.95
SURGERY	3	3		191.32	63.77	.077	63.77	4.91
PATHOLOGY	30	100		1,007.23	10.07	2.564	33.57	25.83
RADIOLOGY	11	19		2,338.94	123.10	.487	212.63	59.97
ROOM USE	30	40		1,236.11	30.90	1.026	41.20	31.70
CROSSOVERS/ALL OTH OUTPTNT	24	40		422.04	10.55	1.026	17.59	10.82
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	3	5	\$	122.96	\$	24.59	.128	\$ 40.99	\$ 3.15
PATHOLOGY	3	5		122.96		24.59	.128	40.99	3.15
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	15	35	\$	2,767.41	\$	79.07	.897	\$ 184.49	\$ 70.96
CLINIC	1	1		43.00		43.00	.026	43.00	1.10
SURGICENTER	1	5		158.42		31.68	.128	158.42	4.06
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	13	29		2,565.99		88.48	.744	197.38	65.79

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,868
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 45 MIC - SOC

39 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4	140	\$ 4,596.37	\$ 32.83	3.590	\$ 1149.09	\$ 117.86
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	136	4,526.62	33.28	3.487	1508.87	116.07
AMBULANCES/AIR TRANS	3	135	2,726.62	20.20	3.462	908.87	69.91
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.026	1800.00	46.15
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	1	4	69.75	17.44	.103	69.75	1.79
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MENDOCINO COUNTY

SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

4,918 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,250	12,865	\$ 854,302.21	\$ 66.41	2.616	\$ 379.69	\$ 173.71
@PHYSICIANS SERVICES	391	1,114	\$ 52,562.92	\$ 47.18	.227	\$ 134.43	\$ 10.69
OUTPATIENT VISITS	135	177	7,526.28	42.52	.036	55.75	1.53
OFFICE VISITS	106	137	4,544.74	33.17	.028	42.87	.92
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	10	11	477.44	43.40	.002	47.74	.10
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	17	25	2,405.46	96.22	.005	141.50	.49
OTHER OUTPATIENT	3	4	98.64	24.66	.001	32.88	.02
INPATIENT VISITS	33	130	8,686.80	66.82	.026	263.24	1.77
HOSPITAL VISITS	29	89	4,247.85	47.73	.018	146.48	.86
CRITICAL CARE	7	41	4,438.95	108.27	.008	634.14	.90
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	8	10	503.02	50.30	.002	62.88	.10
EXAMINATIONS	8	10	503.02	50.30	.002	62.88	.10
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	33	115	14,211.11	123.57	.023	430.64	2.89
PRINCIPAL SURGEON	24	27	12,165.78	450.58	.005	506.91	2.47
ASSISTANT SURGEON	2	2	274.38	137.19	.000	137.19	.06
ANESTHESIOLOGIST	9	86	1,770.95	20.59	.017	196.77	.36
OUTPATIENT SURGERY	44	208	8,129.68	39.09	.042	184.77	1.65
PRINCIPAL SURGEON	27	41	4,896.37	119.42	.008	181.35	1.00
ASSISTANT SURGEON	1	1	107.22	107.22	.000	107.22	.02
ANESTHESIOLOGIST	18	166	3,126.09	18.83	.034	173.67	.64
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	44	82	2,085.85	25.44	.017	47.41	.42
RADIOLOGY	181	329	8,060.41	24.50	.067	44.53	1.64
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	6	241.80	40.30	.001	40.30	.05
OTHER SERVICES/ALL X-OVERS	43	57	3,117.97	54.70	.012	72.51	.63
@PHARMACY	903	3,047	\$ 104,580.10	\$ 34.32	.620	\$ 115.81	\$ 21.26
PRESCRIPTION DRUGS	894	1,867	102,167.42	54.72	.380	114.28	20.77
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	894	1,867	102,167.42	54.72	.380	114.28	20.77
MEDICAL SUPPLIES	31	1,180	2,412.68	2.04	.240	77.83	.49
@DENTIST	118	481	\$ 16,197.43	\$ 33.67	.098	\$ 137.27	\$ 3.29
VISITS - DIAGNOSTIC	93	330	4,975.43	15.08	.067	53.50	1.01
ORAL SURGERY	21	60	5,907.00	98.45	.012	281.29	1.20
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	9	9	322.00	35.78	.002	35.78	.07
PERIODONTICS	1	2	.00	.00	.000	.00	.00
ENDODONTICS	8	13	2,224.00	171.08	.003	278.00	.45
RESTORATIVE DENTISTRY	17	52	1,917.00	36.87	.011	112.76	.39
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	1	2	222.00	111.00	.000	222.00	.05
MAXILLOFACIAL SERVICES	1	2	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	10	10	630.00	63.00	.002	63.00	.13
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00

MENDOCINO COUNTY

SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

4,918 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	35	100	\$ 2,294.54	\$ 22.95	.020	\$ 65.56	\$.47
DIAGNOSTIC AND ANC. PROCED	27	27	1,281.02	47.45	.005	47.45	.26
EYE APPLIANCES	25	73	1,013.52	13.88	.015	40.54	.21
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	1	2	\$ 33.44	\$ 16.72	.000	\$ 33.44	\$.01
VISITS	1	2	33.44	16.72	.000	33.44	.01
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	4	5	\$ 258.74	\$ 51.75	.001	\$ 64.69	\$.05
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	5	6	\$ 695.85	\$ 115.98	.001	\$ 139.17	\$.14
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	600	2,860	\$ 427,361.16	\$ 149.43	.582	\$ 712.27	\$ 86.90
HOSP INPATIENT TOTAL	45	151	342,195.54	2266.20	.031	7604.35	69.58
HSC HOSPITALS	3	25	1,677.76	67.11	.005	559.25	.34
NON-HSC HOSPITAL TOTAL	42	126	340,517.78	2702.52	.026	8107.57	69.24
ACCOMMODATIONS	40	126	94,792.60	752.32	.026	2369.82	19.27
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	40	126	94,792.60	752.32	.026	2369.82	19.27
ANCILLARIES	42	0	245,725.18	.00	.000	5850.60	49.96
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	572	2,709	85,165.62	31.44	.551	148.89	17.32
MEDICAL	318	483	25,852.27	53.52	.098	81.30	5.26
SURGERY	45	58	4,052.07	69.86	.012	90.05	.82
PATHOLOGY	264	929	11,155.95	12.01	.189	42.26	2.27
RADIOLOGY	147	233	15,687.05	67.33	.047	106.71	3.19
ROOM USE	351	453	19,158.63	42.29	.092	54.58	3.90
CROSSOVERS/ALL OTH OUTPTNT	228	553	9,259.65	16.74	.112	40.61	1.88
@COUNTY HOSPITAL TOTAL	6	44	\$ 1,062.42	\$ 24.15	.009	\$ 177.07	\$.22
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	44	1,062.42	24.15	.009	177.07	.22
MEDICAL	4	4	79.02	19.76	.001	19.76	.02
SURGERY	2	3	103.60	34.53	.001	51.80	.02
PATHOLOGY	2	8	143.88	17.99	.002	71.94	.03
RADIOLOGY	1	1	56.53	56.53	.000	56.53	.01
ROOM USE	5	9	527.12	58.57	.002	105.42	.11

4,918 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	594	2,816	\$ 426,298.74	\$ 151.38	.573	\$ 717.67	\$ 86.68
COMM HOSP INPATIENT TOTAL	45	151	342,195.54	2266.20	.031	7604.35	69.58
HSC HOSPITALS	3	25	1,677.76	67.11	.005	559.25	.34
NON-HSC HOSPITALS TOTAL	42	126	340,517.78	2702.52	.026	8107.57	69.24
ACCOMMODATIONS	40	126	94,792.60	752.32	.026	2369.82	19.27
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	40	126	94,792.60	752.32	.026	2369.82	19.27
ANCILLARIES	42	0	245,725.18	.00	.000	5850.60	49.96
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	566	2,665	84,103.20	31.56	.542	148.59	17.10
MEDICAL	314	479	25,773.25	53.81	.097	82.08	5.24
SURGERY	43	55	3,948.47	71.79	.011	91.82	.80
PATHOLOGY	262	921	11,012.07	11.96	.187	42.03	2.24
RADIOLOGY	146	232	15,630.52	67.37	.047	107.06	3.18
ROOM USE	346	444	18,631.51	41.96	.090	53.85	3.79
CROSSOVERS/ALL OTH OUTPTNT	225	534	9,107.38	17.06	.109	40.48	1.85
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	4	38	\$ 489.96	\$ 12.89	.008	\$ 122.49	\$.10
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	4	38	489.96	12.89	.008	122.49	.10
@LABORATORY FACILITY	143	282	\$ 7,089.39	\$ 25.14	.057	\$ 49.58	\$ 1.44
PATHOLOGY	143	282	7,089.39	25.14	.057	49.58	1.44
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	963	1,791	\$ 147,957.49	\$ 82.61	.364	\$ 153.64	\$ 30.08
CLINIC	59	303	5,538.82	18.28	.062	93.88	1.13
SURGICENTER	4	18	612.18	34.01	.004	153.05	.12
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	918	1,470	141,806.49	96.47	.299	154.47	28.83
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,872
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN						

4,918 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	246	3,139	\$ 94,781.19	\$ 30.19	.638	\$ 385.29	\$ 19.27
DURABLE MED. EQUIP.	18	68	32,199.13	473.52	.014	1788.84	6.55
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2	143.73	71.87	.000	143.73	.03
MEDICAL TRANSPORTATION	30	957	29,356.58	30.68	.195	978.55	5.97
AMBULANCES/AIR TRANS	30	949	14,956.58	15.76	.193	498.55	3.04
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	8	8	14,400.00	1800.00	.002	1800.00	2.93
ACUPUNCTURE	24	61	1,021.85	16.75	.012	42.58	.21
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	9	9	781.00	86.78	.002	86.78	.16
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	2	13	194.84	14.99	.003	97.42	.04
OPTICIAN	39	92	886.63	9.64	.019	22.73	.18
PHYSICAL THERAPIST	1	4	69.75	17.44	.001	69.75	.01
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	9	20	2,773.87	138.69	.004	308.21	.56
PROSTHETICS	8	19	2,685.18	141.33	.004	335.65	.55
ORTHOTICS	1	1	88.69	88.69	.000	88.69	.02
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	18	90	2,912.98	32.37	.018	161.83	.59
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	100	1,822	19,354.16	10.62	.370	193.54	3.94
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	5,086.67	5086.67	.000	5086.67	1.03
@CALIF. CHILDREN SERVICES*	47	164	\$ 54,032.52	\$ 329.47	.033	\$ 1149.63	\$ 10.99

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MENDOCINO COUNTY MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

PAGE 6,873
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,874
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,875
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE						
					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,876
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,877
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

66 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	76	648	\$ 52,110.67	\$ 80.42	9.818	\$ 685.67	\$ 789.56
@PHYSICIANS SERVICES	17	49	\$ 3,009.97	\$ 61.43	.742	\$ 177.06	\$ 45.61
OUTPATIENT VISITS	4	4	306.86	76.72	.061	76.72	4.65
OFFICE VISITS	1	1	24.00	24.00	.015	24.00	.36
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	3	282.86	94.29	.045	94.29	4.29

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	3	113.35	37.78	.045	56.68	1.72
HOSPITAL VISITS	2	3	113.35	37.78	.045	56.68	1.72
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	27	2,175.94	80.59	.409	435.19	32.97
PRINCIPAL SURGEON	2	2	1,633.28	816.64	.030	816.64	24.75
ASSISTANT SURGEON	1	1	186.50	186.50	.015	186.50	2.83
ANESTHESIOLOGIST	2	24	356.16	14.84	.364	178.08	5.40
OUTPATIENT SURGERY	1	4	91.20	22.80	.061	91.20	1.38
PRINCIPAL SURGEON	1	4	91.20	22.80	.061	91.20	1.38
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	28.00	28.00	.015	28.00	.42
RADIOLOGY	5	6	150.34	25.06	.091	30.07	2.28
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	4	144.28	36.07	.061	48.09	2.19
@PHARMACY	13	25	\$ 622.67	\$ 24.91	.379	\$ 47.90	\$ 9.43
PRESCRIPTION DRUGS	13	25	622.67	24.91	.379	47.90	9.43
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	13	25	622.67	24.91	.379	47.90	9.43
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,878
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT						
				AID CODE			
					----- MONTHLY AVERAGE -----		
66 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	4 \$	90.30	\$ 22.58	.061	\$ 90.30	\$ 1.37
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.015	47.45	.72
EYE APPLIANCES	1	3	42.85	14.28	.045	42.85	.65
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	9	9 \$	246.51	\$ 27.39	.136	\$ 27.39	\$ 3.74
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	2	2 \$	1,088.56	\$ 544.28	.030	\$ 544.28	\$ 16.49
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	43	372 \$	39,596.33	\$ 106.44	5.636	\$ 920.84	\$ 599.94
HOSP INPATIENT TOTAL	7	26	32,317.60	1242.98	.394	4616.80	489.66
HSC HOSPITALS	1	3	4,932.00	1644.00	.045	4932.00	74.73
NON-HSC HOSPITAL TOTAL	7	23	27,385.60	1190.68	.348	3912.23	414.93
ACCOMMODATIONS	6	23	9,893.22	430.14	.348	1648.87	149.90
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	23	9,893.22	430.14	.348	1648.87	149.90
ANCILLARIES	7	0	17,492.38	.00	.000	2498.91	265.04
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	39	346	7,278.73	21.04	5.242	186.63	110.28
MEDICAL	8	9	479.42	53.27	.136	59.93	7.26
SURGERY	0	0	7.47	.00	.000	.00	.11
PATHOLOGY	18	57	564.63	9.91	.864	31.37	8.56
RADIOLOGY	9	10	507.89	50.79	.152	56.43	7.70
ROOM USE	17	34	900.52	26.49	.515	52.97	13.64
CROSSOVERS/ALL OTH OUTPTNT	19	236	4,818.80	20.42	3.576	253.62	73.01
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024 FEE-FOR-SERVICE/DENTAL							
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT							
AID CODE							
----- MONTHLY AVERAGE -----							
66 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	43	372	\$ 39,596.33	\$ 106.44	5.636	\$ 920.84	\$ 599.94
COMM HOSP INPATIENT TOTAL	7	26	32,317.60	1242.98	.394	4616.80	489.66
HSC HOSPITALS	1	3	4,932.00	1644.00	.045	4932.00	74.73
NON-HSC HOSPITALS TOTAL	7	23	27,385.60	1190.68	.348	3912.23	414.93
ACCOMMODATIONS	6	23	9,893.22	430.14	.348	1648.87	149.90
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	23	9,893.22	430.14	.348	1648.87	149.90
ANCILLARIES	7	0	17,492.38	.00	.000	2498.91	265.04
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	39	346	7,278.73	21.04	5.242	186.63	110.28
MEDICAL	8	9	479.42	53.27	.136	59.93	7.26
SURGERY	0	0	7.47	.00	.000	.00	.11
PATHOLOGY	18	57	564.63	9.91	.864	31.37	8.56
RADIOLOGY	9	10	507.89	50.79	.152	56.43	7.70
ROOM USE	17	34	900.52	26.49	.515	52.97	13.64
CROSSOVERS/ALL OTH OUTPTNT	19	236	4,818.80	20.42	3.576	253.62	73.01
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	7	11	\$	161.28	\$ 14.66	.167	\$ 23.04	\$ 2.44
PATHOLOGY	7	11		161.28	14.66	.167	23.04	2.44
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	22	37	\$	3,738.17	\$ 101.03	.561	\$ 169.92	\$ 56.64
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	22	37		3,738.17	101.03	.561	169.92	56.64

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,880
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

66 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	8	139	\$ 3,556.88	\$ 25.59	2.106	\$ 444.61	\$ 53.89
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	131	3,133.76	23.92	1.985	3133.76	47.48
AMBULANCES/AIR TRANS	1	130	1,858.76	14.30	1.970	1858.76	28.16
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,275.00	1275.00	.015	1275.00	19.32
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	6	6	404.00	67.33	.091	67.33	6.12
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	19.12	9.56	.030	19.12	.29
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	3	\$ 4,941.88	\$ 1647.29	.045	\$ 4941.88	\$ 74.88
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,881
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC	

66 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	76	648	\$ 52,110.67	\$ 80.42	9.818	\$ 685.67	\$ 789.56
@PHYSICIANS SERVICES	17	49	\$ 3,009.97	\$ 61.43	.742	\$ 177.06	\$ 45.61

OUTPATIENT VISITS	4	4		306.86	76.72	.061	76.72	4.65
OFFICE VISITS	1	1		24.00	24.00	.015	24.00	.36
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	3		282.86	94.29	.045	94.29	4.29
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	2	3		113.35	37.78	.045	56.68	1.72
HOSPITAL VISITS	2	3		113.35	37.78	.045	56.68	1.72
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	27		2,175.94	80.59	.409	435.19	32.97
PRINCIPAL SURGEON	2	2		1,633.28	816.64	.030	816.64	24.75
ASSISTANT SURGEON	1	1		186.50	186.50	.015	186.50	2.83
ANESTHESIOLOGIST	2	24		356.16	14.84	.364	178.08	5.40
OUTPATIENT SURGERY	1	4		91.20	22.80	.061	91.20	1.38
PRINCIPAL SURGEON	1	4		91.20	22.80	.061	91.20	1.38
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		28.00	28.00	.015	28.00	.42
RADIOLOGY	5	6		150.34	25.06	.091	30.07	2.28
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	4		144.28	36.07	.061	48.09	2.19
@PHARMACY	13	25	\$	622.67	\$ 24.91	.379	\$ 47.90	\$ 9.43
PRESCRIPTION DRUGS	13	25		622.67	24.91	.379	47.90	9.43
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	13	25		622.67	24.91	.379	47.90	9.43
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 6,882
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC							

		----- MONTHLY AVERAGE -----						
66 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	1	4 \$	90.30	\$ 22.58	.061	\$ 90.30	\$ 1.37	
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.015	47.45	.72	

EYE APPLIANCES	1	3		42.85		14.28	.045	42.85	.65
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	9	9	\$	246.51	\$	27.39	.136	\$ 27.39	\$ 3.74
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
NURSE MIDWIFE	2	2	\$	1,088.56	\$	544.28	.030	\$ 544.28	\$ 16.49
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	43	372	\$	39,596.33	\$	106.44	5.636	\$ 920.84	\$ 599.94
HOSP INPATIENT TOTAL	7	26		32,317.60		1242.98	.394	4616.80	489.66
HSC HOSPITALS	1	3		4,932.00		1644.00	.045	4932.00	74.73
NON-HSC HOSPITAL TOTAL	7	23		27,385.60		1190.68	.348	3912.23	414.93
ACCOMMODATIONS	6	23		9,893.22		430.14	.348	1648.87	149.90
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	6	23		9,893.22		430.14	.348	1648.87	149.90
ANCILLARIES	7	0		17,492.38		.00	.000	2498.91	265.04
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	39	346		7,278.73		21.04	5.242	186.63	110.28
MEDICAL	8	9		479.42		53.27	.136	59.93	7.26
SURGERY	0	0		7.47		.00	.000	.00	.11
PATHOLOGY	18	57		564.63		9.91	.864	31.37	8.56
RADIOLOGY	9	10		507.89		50.79	.152	56.43	7.70
ROOM USE	17	34		900.52		26.49	.515	52.97	13.64

CROSSEOVERS/ALL OTH OUTPTNT	19	236		4,818.80		20.42	3.576	253.62	73.01
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,883
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

66 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	43	372	\$ 39,596.33	\$ 106.44	5.636	\$ 920.84	\$ 599.94	
COMM HOSP INPATIENT TOTAL	7	26	32,317.60	1242.98	.394	4616.80	489.66	
HSC HOSPITALS	1	3	4,932.00	1644.00	.045	4932.00	74.73	
NON-HSC HOSPITALS TOTAL	7	23	27,385.60	1190.68	.348	3912.23	414.93	
ACCOMMODATIONS	6	23	9,893.22	430.14	.348	1648.87	149.90	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	6	23	9,893.22	430.14	.348	1648.87	149.90	
ANCILLARIES	7	0	17,492.38	.00	.000	2498.91	265.04	
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	39	346	7,278.73	21.04	5.242	186.63	110.28	
MEDICAL	8	9	479.42	53.27	.136	59.93	7.26	
SURGERY	0	0	7.47	.00	.000	.00	.11	
PATHOLOGY	18	57	564.63	9.91	.864	31.37	8.56	
RADIOLOGY	9	10	507.89	50.79	.152	56.43	7.70	
ROOM USE	17	34	900.52	26.49	.515	52.97	13.64	
CROSSEOVERS/ALL OTH OUTPTNT	19	236	4,818.80	20.42	3.576	253.62	73.01	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	7	11	\$	161.28	\$	14.66	.167	\$ 23.04	\$ 2.44
PATHOLOGY	7	11		161.28		14.66	.167	23.04	2.44
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	22	37	\$	3,738.17	\$	101.03	.561	\$ 169.92	\$ 56.64
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	22	37		3,738.17		101.03	.561	169.92	56.64

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,884
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

66 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	8	139	\$ 3,556.88	\$ 25.59	2.106	\$ 444.61	\$ 53.89
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	131	3,133.76	23.92	1.985	3133.76	47.48
AMBULANCES/AIR TRANS	1	130	1,858.76	14.30	1.970	1858.76	28.16
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,275.00	1275.00	.015	1275.00	19.32
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	6	6	404.00	67.33	.091	67.33	6.12
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	19.12	9.56	.030	19.12	.29
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	3	\$ 4,941.88	\$ 1647.29	.045	\$ 4941.88	\$ 74.88
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,885
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03

MENDOCINO COUNTY

SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC

AID CODE

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	36	773	\$ 73,448.01	\$ 95.02	33.609	\$ 2040.22	\$ 3193.39
@PHYSICIANS SERVICES	13	27	\$ 1,548.66	\$ 57.36	1.174	\$ 119.13	\$ 67.33
OUTPATIENT VISITS	4	4	215.96	53.99	.174	53.99	9.39
OFFICE VISITS	2	2	83.50	41.75	.087	41.75	3.63
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	132.46	66.23	.087	66.23	5.76
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	2	53.70	26.85	.087	26.85	2.33
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	2	2	53.70	26.85	.087	26.85	2.33
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	5	839.17	167.83	.217	279.72	36.49
PRINCIPAL SURGEON	3	5	839.17	167.83	.217	279.72	36.49
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	48.20	48.20	.043	48.20	2.10
RADIOLOGY	5	12	320.79	26.73	.522	64.16	13.95
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	3	70.84	23.61	.130	70.84	3.08
@PHARMACY	23	137	\$ 10,197.37	\$ 74.43	5.957	\$ 443.36	\$ 443.36
PRESCRIPTION DRUGS	23	137	10,197.37	74.43	5.957	443.36	443.36
SNF/ICF	20	130	9,237.37	71.06	5.652	461.87	401.62
OUTPATIENTS	4	7	960.00	137.14	.304	240.00	41.74
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	3	8	\$ 720.00	\$ 90.00	.348	\$ 240.00	\$ 31.30
VISITS - DIAGNOSTIC	2	4	120.00	30.00	.174	60.00	5.22
ORAL SURGERY	1	4	600.00	150.00	.174	600.00	26.09
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

MENDOCINO COUNTY

SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC

AID CODE

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	15	53	\$ 960.81	\$ 18.13	2.304	\$ 64.05	\$ 41.77
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	15	53	960.81	18.13	2.304	64.05	41.77
MEDICAL	1	1	73.40	73.40	.043	73.40	3.19
SURGERY	0	0	1.85	.00	.000	.00	.08
PATHOLOGY	15	47	664.29	14.13	2.043	44.29	28.88
RADIOLOGY	1	1	94.09	94.09	.043	94.09	4.09
ROOM USE	1	2	74.21	37.11	.087	74.21	3.23
CROSSOVERS/ALL OTH OUTPTNT	1	2	52.97	26.49	.087	52.97	2.30
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE				
				----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	15	53	\$ 960.81	\$ 18.13	2.304	\$ 64.05	\$ 41.77	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSTOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	15	53	960.81	18.13	2.304	64.05	41.77	
MEDICAL	1	1	73.40	73.40	.043	73.40	3.19	
SURGERY	0	0	1.85	.00	.000	.00	.08	
PATHOLOGY	15	47	664.29	14.13	2.043	44.29	28.88	
RADIOLOGY	1	1	94.09	94.09	.043	94.09	4.09	
ROOM USE	1	2	74.21	37.11	.087	74.21	3.23	
CROSSTOVERS/ALL OTH OUTPTNT	1	2	52.97	26.49	.087	52.97	2.30	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	19	504	\$ 56,949.80	\$ 113.00	21.913	\$ 2997.36	\$ 2476.08	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	19	504	56,949.80	113.00	21.913	2997.36	2476.08
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	4	\$ 62.94	\$ 15.74	.174	\$ 62.94	\$ 2.74
PATHOLOGY	1	4	62.94	15.74	.174	62.94	2.74
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	13	28	\$ 2,863.06	\$ 102.25	1.217	\$ 220.24	\$ 124.48
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	13	28	2,863.06	102.25	1.217	220.24	124.48
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,888
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC						

						AID CODE		----- MONTHLY AVERAGE -----	
23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@ALL OTHER PROVIDERS	3	12	\$ 145.37	\$ 12.11	.522	\$ 48.46	\$ 6.32		
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00		
BLOOD BANK	0	0	.00	.00	.000	.00	.00		
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00		
MEDICAL TRANSPORTATION	2	9	87.28	9.70	.391	43.64	3.79		
AMBULANCES/AIR TRANS	1	4	64.43	16.11	.174	64.43	2.80		
OTHER TRANS	1	5	22.85	4.57	.217	22.85	.99		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00		
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00		
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00		
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00		
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00		
OPTICIAN	1	3	58.09	19.36	.130	58.09	2.53		
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00		
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00		
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00		
PROSTHETICS	0	0	.00	.00	.000	.00	.00		
ORTHOTICS	0	0	.00	.00	.000	.00	.00		
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00		
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00		
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00		
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00		
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00		
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00		
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00		
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00		
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00		
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00		

@XOVER EXCLUDING STATE HOSP** 1 3 \$ 70.84 \$ 23.61 .130 \$ 70.84 \$ 3.08

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MENDOCINO COUNTY MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,889
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT

AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1	1	\$ 30.45	\$ 30.45	.000	\$ 30.45	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,890
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	1 \$	30.45	\$ 30.45	.000	\$ 30.45	\$.00
DIAGNOSTIC AND ANC. PROCED	1	1	30.45	30.45	.000	30.45	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,891
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT						AID CODE
					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,892
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,893
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 52 ALL MIA - SOC	

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	37	774	\$ 73,478.46	\$ 94.93	33.652	\$ 1985.90	\$ 3194.72
@PHYSICIANS SERVICES	13	27	\$ 1,548.66	\$ 57.36	1.174	\$ 119.13	\$ 67.33
OUTPATIENT VISITS	4	4	215.96	53.99	.174	53.99	9.39
OFFICE VISITS	2	2	83.50	41.75	.087	41.75	3.63
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	132.46	66.23	.087	66.23	5.76
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	2	53.70	26.85	.087	26.85	2.33
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	2	2	53.70	26.85	.087	26.85	2.33
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	5	839.17	167.83	.217	279.72	36.49
PRINCIPAL SURGEON	3	5	839.17	167.83	.217	279.72	36.49
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	48.20	48.20	.043	48.20	2.10
RADIOLOGY	5	12	320.79	26.73	.522	64.16	13.95
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	3	70.84	23.61	.130	70.84	3.08
@PHARMACY	23	137	\$ 10,197.37	\$ 74.43	5.957	\$ 443.36	\$ 443.36
PRESCRIPTION DRUGS	23	137	10,197.37	74.43	5.957	443.36	443.36
SNF/ICF	20	130	9,237.37	71.06	5.652	461.87	401.62
OUTPATIENTS	4	7	960.00	137.14	.304	240.00	41.74
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	3	8	\$ 720.00	\$ 90.00	.348	\$ 240.00	\$ 31.30
VISITS - DIAGNOSTIC	2	4	120.00	30.00	.174	60.00	5.22
ORAL SURGERY	1	4	600.00	150.00	.174	600.00	26.09
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,894
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	1	\$ 30.45	\$ 30.45	.043	\$ 30.45	\$ 1.32
DIAGNOSTIC AND ANC. PROCED	1	1	30.45	30.45	.043	30.45	1.32
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	15	53	\$ 960.81	\$ 18.13	2.304	\$ 64.05	\$ 41.77
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	15	53	960.81	18.13	2.304	64.05	41.77
MEDICAL	1	1	73.40	73.40	.043	73.40	3.19
SURGERY	0	0	1.85	.00	.000	.00	.08
PATHOLOGY	15	47	664.29	14.13	2.043	44.29	28.88
RADIOLOGY	1	1	94.09	94.09	.043	94.09	4.09
ROOM USE	1	2	74.21	37.11	.087	74.21	3.23
CROSSOVERS/ALL OTH OUTPTNT	1	2	52.97	26.49	.087	52.97	2.30
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,895
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15	53	\$ 960.81	\$ 18.13	2.304 \$ 64.05 \$ 41.77
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00 .00
ANCILLARIES	0	0	.00	.00	.000 .00 .00
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00 .00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	15	53	960.81	18.13	2.304 64.05 41.77
MEDICAL	1	1	73.40	73.40	.043 73.40 3.19
SURGERY	0	0	1.85	.00	.000 .00 .08
PATHOLOGY	15	47	664.29	14.13	2.043 44.29 28.88
RADIOLOGY	1	1	94.09	94.09	.043 94.09 4.09
ROOM USE	1	2	74.21	37.11	.087 74.21 3.23
CROSSOVERS/ALL OTH OUTPTNT	1	2	52.97	26.49	.087 52.97 2.30
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000 .00 .00
DEVELOP. DISABLED	0	0	.00	.00	.000 .00 .00
@NURSING FACILITY	19	504	\$ 56,949.80	\$ 113.00	21.913 \$ 2997.36 \$ 2476.08
LEV A-INTERMEDIATE	0	0	.00	.00	.000 .00 .00
LEV B-REHAB MD	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000 .00 .00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
LEV B-REGULAR	19	504	56,949.80	113.00	21.913 2997.36 2476.08
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000 \$.00 \$.00
ICF DDH	0	0	.00	.00	.000 .00 .00
ICF DD	0	0	.00	.00	.000 .00 .00
ICF DDN/DDCN	0	0	.00	.00	.000 .00 .00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00
HEMODIALYSIS CENTER	0	0	.00	.00	.000 .00 .00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	1	4	\$	62.94	\$	15.74	.174	\$ 62.94	\$ 2.74
PATHOLOGY	1	4		62.94		15.74	.174	62.94	2.74
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	13	28	\$	2,863.06	\$	102.25	1.217	\$ 220.24	\$ 124.48
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	13	28		2,863.06		102.25	1.217	220.24	124.48

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,896
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	12	\$ 145.37	\$ 12.11	.522	\$ 48.46	\$ 6.32
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	9	87.28	9.70	.391	43.64	3.79
AMBULANCES/AIR TRANS	1	4	64.43	16.11	.174	64.43	2.80
OTHER TRANS	1	5	22.85	4.57	.217	22.85	.99
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	3	58.09	19.36	.130	58.09	2.53
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	3	\$ 70.84	\$ 23.61	.130	\$ 70.84	\$ 3.08

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,897
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 53 FOR FUTURE USE	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

PAGE 6,898 01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,899
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,900
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MENDOCINO COUNTY

SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

89 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	113	1,422	\$ 125,589.13	\$ 88.32	15.978	\$ 1111.41	\$ 1411.11
@PHYSICIANS SERVICES	30	76	\$ 4,558.63	\$ 59.98	.854	\$ 151.95	\$ 51.22
OUTPATIENT VISITS	8	8	522.82	65.35	.090	65.35	5.87
OFFICE VISITS	3	3	107.50	35.83	.034	35.83	1.21
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	132.46	66.23	.022	66.23	1.49
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	3	282.86	94.29	.034	94.29	3.18
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	4	5	167.05	33.41	.056	41.76	1.88
HOSPITAL VISITS	2	3	113.35	37.78	.034	56.68	1.27
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	2	2	53.70	26.85	.022	26.85	.60
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	27	2,175.94	80.59	.303	435.19	24.45
PRINCIPAL SURGEON	2	2	1,633.28	816.64	.022	816.64	18.35
ASSISTANT SURGEON	1	1	186.50	186.50	.011	186.50	2.10
ANESTHESIOLOGIST	2	24	356.16	14.84	.270	178.08	4.00
OUTPATIENT SURGERY	4	9	930.37	103.37	.101	232.59	10.45
PRINCIPAL SURGEON	4	9	930.37	103.37	.101	232.59	10.45
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	76.20	38.10	.022	38.10	.86
RADIOLOGY	10	18	471.13	26.17	.202	47.11	5.29
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	7	215.12	30.73	.079	53.78	2.42
@PHARMACY	36	162	\$ 10,820.04	\$ 66.79	1.820	\$ 300.56	\$ 121.57
PRESCRIPTION DRUGS	36	162	10,820.04	66.79	1.820	300.56	121.57
SNF/ICF	20	130	9,237.37	71.06	1.461	461.87	103.79
OUTPATIENTS	17	32	1,582.67	49.46	.360	93.10	17.78
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	3	8	\$ 720.00	\$ 90.00	.090	\$ 240.00	\$ 8.09
VISITS - DIAGNOSTIC	2	4	120.00	30.00	.045	60.00	1.35
ORAL SURGERY	1	4	600.00	150.00	.045	600.00	6.74
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

MENDOCINO COUNTY

SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

89 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	5	\$ 120.75	\$ 24.15	.056	\$ 60.38	\$ 1.36
DIAGNOSTIC AND ANC. PROCED	2	2	77.90	38.95	.022	38.95	.88
EYE APPLIANCES	1	3	42.85	14.28	.034	42.85	.48
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	9	9	\$ 246.51	\$ 27.39	.101	\$ 27.39	\$ 2.77
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	2	2	\$ 1,088.56	\$ 544.28	.022	\$ 544.28	\$ 12.23
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	58	425	\$ 40,557.14	\$ 95.43	4.775	\$ 699.26	\$ 455.70
HOSP INPATIENT TOTAL	7	26	32,317.60	1242.98	.292	4616.80	363.12
HSC HOSPITALS	1	3	4,932.00	1644.00	.034	4932.00	55.42
NON-HSC HOSPITAL TOTAL	7	23	27,385.60	1190.68	.258	3912.23	307.70
ACCOMMODATIONS	6	23	9,893.22	430.14	.258	1648.87	111.16
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	23	9,893.22	430.14	.258	1648.87	111.16
ANCILLARIES	7	0	17,492.38	.00	.000	2498.91	196.54
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	54	399		8,239.54	20.65	4.483	152.58	92.58
MEDICAL	9	10		552.82	55.28	.112	61.42	6.21
SURGERY	0	0		9.32	.00	.000	.00	.10
PATHOLOGY	33	104		1,228.92	11.82	1.169	37.24	13.81
RADIOLOGY	10	11		601.98	54.73	.124	60.20	6.76
ROOM USE	18	36		974.73	27.08	.404	54.15	10.95
CROSSOVERS/ALL OTH OUTPTNT	20	238		4,871.77	20.47	2.674	243.59	54.74
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 6,903
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS							

89 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	58	425	\$ 40,557.14	\$ 95.43	4.775	\$ 699.26	\$ 455.70	
COMM HOSP INPATIENT TOTAL	7	26	32,317.60	1242.98	.292	4616.80	363.12	
HSC HOSPITALS	1	3	4,932.00	1644.00	.034	4932.00	55.42	
NON-HSC HOSPITALS TOTAL	7	23	27,385.60	1190.68	.258	3912.23	307.70	
ACCOMMODATIONS	6	23	9,893.22	430.14	.258	1648.87	111.16	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	6	23	9,893.22	430.14	.258	1648.87	111.16	
ANCILLARIES	7	0	17,492.38	.00	.000	2498.91	196.54	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	54	399	8,239.54	20.65	4.483	152.58	92.58	
MEDICAL	9	10	552.82	55.28	.112	61.42	6.21	
SURGERY	0	0	9.32	.00	.000	.00	.10	
PATHOLOGY	33	104	1,228.92	11.82	1.169	37.24	13.81	
RADIOLOGY	10	11	601.98	54.73	.124	60.20	6.76	
ROOM USE	18	36	974.73	27.08	.404	54.15	10.95	
CROSSOVERS/ALL OTH OUTPTNT	20	238	4,871.77	20.47	2.674	243.59	54.74	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	19	504	\$ 56,949.80	\$ 113.00	5.663	\$ 2997.36	\$ 639.89	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	19	504	56,949.80	113.00	5.663	2997.36	639.89
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	8	15	\$ 224.22	\$ 14.95	.169	\$ 28.03	\$ 2.52
PATHOLOGY	8	15	224.22	14.95	.169	28.03	2.52
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	35	65	\$ 6,601.23	\$ 101.56	.730	\$ 188.61	\$ 74.17
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	35	65	6,601.23	101.56	.730	188.61	74.17
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,904
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS						

89 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	11	151	\$ 3,702.25	\$ 24.52	1.697	\$ 336.57	\$ 41.60
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	140	3,221.04	23.01	1.573	1073.68	36.19
AMBULANCES/AIR TRANS	2	134	1,923.19	14.35	1.506	961.60	21.61
OTHER TRANS	1	5	22.85	4.57	.056	22.85	.26
OTHER SERVICES	1	1	1,275.00	1275.00	.011	1275.00	14.33
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	6	6	404.00	67.33	.067	67.33	4.54
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	5	77.21	15.44	.056	38.61	.87
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	3	\$ 4,941.88	\$ 1647.29	.034	\$ 4941.88	\$ 55.53

@XOVER EXCLUDING STATE HOSP** 1 3 \$ 70.84 \$ 23.61 .034 \$ 70.84 \$.80
 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,905
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 MENDOCINO COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

16,071 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	13,248	264,493	\$ 11,533,211.17	\$ 43.60	16.458	\$ 870.56	\$ 717.64
@PHYSICIANS SERVICES	2,339	6,305	\$ 105,587.91	\$ 16.75	.392	\$ 45.14	\$ 6.57
OUTPATIENT VISITS	56	77	2,322.54	30.16	.005	41.47	.14
OFFICE VISITS	54	74	2,215.02	29.93	.005	41.02	.14
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	2	89.20	44.60	.000	89.20	.01
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	18.32	18.32	.000	18.32	.00
INPATIENT VISITS	8	29	1,062.35	36.63	.002	132.79	.07
HOSPITAL VISITS	8	28	1,003.45	35.84	.002	125.43	.06
CRITICAL CARE	1	1	58.90	58.90	.000	58.90	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	17	22	914.92	41.59	.001	53.82	.06
EXAMINATIONS	17	22	914.92	41.59	.001	53.82	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	23	1,799.30	78.23	.001	359.86	.11
PRINCIPAL SURGEON	4	5	1,186.88	237.38	.000	296.72	.07
ASSISTANT SURGEON	1	1	107.22	107.22	.000	107.22	.01
ANESTHESIOLOGIST	1	17	505.20	29.72	.001	505.20	.03
OUTPATIENT SURGERY	22	84	8,843.91	105.28	.005	402.00	.55
PRINCIPAL SURGEON	17	17	7,516.06	442.12	.001	442.12	.47
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	9	67	1,327.85	19.82	.004	147.54	.08
DIALYSIS	7	15	3,106.77	207.12	.001	443.82	.19
PATHOLOGY	11	18	330.30	18.35	.001	30.03	.02
RADIOLOGY	54	74	3,401.20	45.96	.005	62.99	.21
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	5	54.38	10.88	.000	18.13	.00
OTHER SERVICES/ALL X-OVERS	2,212	5,958	83,752.24	14.06	.371	37.86	5.21
@PHARMACY	10,678	99,111	\$ 3,122,999.29	\$ 31.51	6.167	\$ 292.47	\$ 194.33
PRESCRIPTION DRUGS	10,573	44,848	3,045,444.11	67.91	2.791	288.04	189.50
SNF/ICF	2,039	12,450	681,477.96	54.74	.775	334.22	42.40
OUTPATIENTS	8,598	32,398	2,363,966.15	72.97	2.016	274.94	147.10
MEDICAL SUPPLIES	838	54,263	77,555.18	1.43	3.376	92.55	4.83
@DENTIST	342	1,036	\$ 47,930.68	\$ 46.27	.064	\$ 140.15	\$ 2.98
VISITS - DIAGNOSTIC	243	592	9,441.00	15.95	.037	38.85	.59
ORAL SURGERY	44	157	8,649.00	55.09	.010	196.57	.54
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	3	2	255.00	127.50	.000	85.00	.02
ENDODONTICS	4	5	1,081.00	216.20	.000	270.25	.07
RESTORATIVE DENTISTRY	72	160	13,384.00	83.65	.010	185.89	.83
PROSTHETICS	4	4	90.00	22.50	.000	22.50	.01
DENTURES, STAYPLATES	56	114	15,030.68	131.85	.007	268.41	.94
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	2	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,906
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

	16,071 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	283		769	\$ 15,907.32	\$ 20.69	.048	\$ 56.21	\$.99
DIAGNOSTIC AND ANC. PROCED	70		72	3,270.33	45.42	.004	46.72	.20
EYE APPLIANCES	214		609	11,117.65	18.26	.038	51.95	.69
OTHER OPTOMETRIC SERVICES	67		88	1,519.34	17.27	.005	22.68	.09
@CHIROPRACTOR	5		9	\$ 88.48	\$ 9.83	.001	\$ 17.70	\$.01
VISITS	3		4	66.88	16.72	.000	22.29	.00
OTHER SERVICES	2		5	21.60	4.32	.000	10.80	.00
@PODIATRIST	287		494	\$ 5,344.12	\$ 10.82	.031	\$ 18.62	\$.33
MEDICINE/INJECTIONS	0		0	.00	.00	.000	.00	.00
SURGERY/ANES.	0		0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0		0	.00	.00	.000	.00	.00
OTHER	287		494	5,344.12	10.82	.031	18.62	.33
@HOME HEALTH AGENCY	3		34	\$ 561.83	\$ 16.52	.002	\$ 187.28	\$.03
NURSE ANESTHESIST	36		198	\$ 668.32	\$ 3.38	.012	\$ 18.56	\$.04
NURSE MIDWIFE	0		0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0		0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0		0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	1,595		6,145	\$ 464,262.20	\$ 75.55	.382	\$ 291.07	\$ 28.89
HOSP INPATIENT TOTAL	260		1,183	350,615.71	296.38	.074	1348.52	21.82
HSC HOSPITALS	3		10	9,660.96	966.10	.001	3220.32	.60
NON-HSC HOSPITAL TOTAL	13		41	142,549.69	3476.82	.003	10965.36	8.87
ACCOMMODATIONS	13		41	45,462.25	1108.84	.003	3497.10	2.83
ADMINISTRATIVE DAYS	0		0	286.49CR	.00	.000	.00	.02CR
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	13		41	45,748.74	1115.82	.003	3519.13	2.85
ANCILLARIES	13		0	97,087.44	.00	.000	7468.26	6.04
INPATIENT CROSSOVERS	244		1,132	198,405.06	175.27	.070	813.14	12.35
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,439		4,962	113,646.49	22.90	.309	78.98	7.07
MEDICAL	39		72	3,457.60	48.02	.004	88.66	.22
SURGERY	10		11	1,359.73	123.61	.001	135.97	.08
PATHOLOGY	85		246	3,163.35	12.86	.015	37.22	.20
RADIOLOGY	40		45	3,164.38	70.32	.003	79.11	.20
ROOM USE	31		48	3,136.46	65.34	.003	101.18	.20
CROSSOVERS/ALL OTH OUTPTNT	1,344		4,540	99,364.97	21.89	.282	73.93	6.18
@COUNTY HOSPITAL TOTAL	7		12	\$ 6,188.88	\$ 515.74	.001	\$ 884.13	\$.39
CO HOSPITAL INPATIENT TOTAL	1		5	5,908.45	1181.69	.000	5908.45	.37
HSC HOSPITALS	1		5	5,908.45	1181.69	.000	5908.45	.37
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	6	7	280.43	40.06	.000	46.74	.02
MEDICAL	0	0	8.17	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	7.84	.00	.000	.00	.00
ROOM USE	0	0	23.68	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	6	7	240.74	34.39	.000	40.12	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,907
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

	16,071 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,588	6,133	\$	458,073.32	\$ 74.69	.382	\$ 288.46	\$ 28.50
COMM HOSP INPATIENT TOTAL	259	1,178		344,707.26	292.62	.073	1330.92	21.45
HSC HOSPITALS	2	5		3,752.51	750.50	.000	1876.26	.23
NON-HSC HOSPITALS TOTAL	13	41		142,549.69	3476.82	.003	10965.36	8.87
ACCOMMODATIONS	13	41		45,462.25	1108.84	.003	3497.10	2.83
ADMINISTRATIVE DAYS	0	0		286.49CR	.00	.000	.00	.02CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	41		45,748.74	1115.82	.003	3519.13	2.85
ANCILLARIES	13	0		97,087.44	.00	.000	7468.26	6.04
INPATIENT CROSSOVERS	244	1,132		198,405.06	175.27	.070	813.14	12.35
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,433	4,955		113,366.06	22.88	.308	79.11	7.05
MEDICAL	39	72		3,449.43	47.91	.004	88.45	.21
SURGERY	10	11		1,359.73	123.61	.001	135.97	.08
PATHOLOGY	85	246		3,163.35	12.86	.015	37.22	.20
RADIOLOGY	40	45		3,156.54	70.15	.003	78.91	.20
ROOM USE	31	48		3,112.78	64.85	.003	100.41	.19
CROSSOVERS/ALL OTH OUTPTNT	1,338	4,533		99,124.23	21.87	.282	74.08	6.17
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2,277	68,283	\$ 6,297,752.25	\$ 92.23	4.249	\$ 2765.81	\$ 391.87
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	63	1,909	175,784.20	92.08	.119	2790.23	10.94
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2,214	66,374	6,121,968.05	92.23	4.130	2765.12	380.93
@INTERMEDIATE CARE FACIL.-DD	12	365	\$ 47,221.21	\$ 129.37	.023	\$ 3935.10	\$ 2.94
ICF DDH	12	365	47,221.21	129.37	.023	3935.10	2.94
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	99	628	\$ 59,937.66	\$ 95.44	.039	\$ 605.43	\$ 3.73
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	99	628	59,937.66	95.44	.039	605.43	3.73
@REHABILITATION FACILITY	0	1	\$ 12.81	\$ 12.81	.000	\$.00	\$.00
HOSPITAL BASED	0	1	12.81	12.81	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	26	118	\$ 1,449.09	\$ 12.28	.007	\$ 55.73	\$.09
PATHOLOGY	22	112	1,368.62	12.22	.007	62.21	.09
XO AND OTHERS	4	6	80.47	13.41	.000	20.12	.01
@ORGANIZED OUTPATIENT CLINIC	4,358	7,906	\$ 383,034.58	\$ 48.45	.492	\$ 87.89	\$ 23.83
CLINIC	6	51	1,046.12	20.51	.003	174.35	.07
SURGICENTER	34	46	4,061.84	88.30	.003	119.47	.25
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	4,333	7,809	377,926.62	48.40	.486	87.22	23.52

#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 55 ALL AGED

PAGE 6,908

01/17/03

16,071 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3,646	73,091	\$ 980,453.42	\$ 13.41	4.548	\$ 268.91	\$ 61.01
DURABLE MED. EQUIP.	138	437	79,673.95	182.32	.027	577.35	4.96
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	66	108	12,798.37	118.50	.007	193.91	.80
MEDICAL TRANSPORTATION	349	11,300	51,214.01	4.53	.703	146.75	3.19
AMBULANCES/AIR TRANS	15	24	1,353.80CR	56.41CR	.001	90.25CR	.08CR
OTHER TRANS	81	7,199	24,821.95	3.45	.448	306.44	1.54
OTHER SERVICES	262	4,077	27,745.86	6.81	.254	105.90	1.73
ACUPUNCTURE	219	560	9,493.98	16.95	.035	43.35	.59
ADULT DAY HEALTH CARE CTR	147	1,479	98,587.91	66.66	.092	670.67	6.13
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	1,677	12,759	585,849.76	45.92	.794	349.34	36.45
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	323	812	11,313.82	13.93	.051	35.03	.70
PHYSICAL THERAPIST	58	550	6,021.89	10.95	.034	103.83	.37
PORTABLE X-RAY	4	6	7.19	1.20	.000	1.80	.00
PROSTHETIST/ORTHOTISTS	11	29	1,094.86	37.75	.002	99.53	.07
PROSTHETICS	11	29	1,094.86	37.75	.002	99.53	.07
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	21	24	209.13	8.71	.001	9.96	.01
SPEECH AND AUDIOLOGY	188	391	42,990.17	109.95	.024	228.67	2.68
HOSPICE SERVICES	0	0	44.04	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	1	1	3.11	3.11	.000	3.11	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,342	44,635	81,151.23	1.82	2.777	60.47	5.05
@CALIF. CHILDREN SERVICES*	5	675	\$ 214.97	\$.32	.042	\$ 42.99	\$.01
@XOVER EXCLUDING STATE HOSP**	4,754	44,528	\$ 672,789.15	\$ 15.11	2.771	\$ 141.52	\$ 41.86

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,909
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 56 ALL BLIND	

856 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	712	63,947	\$ 755,547.58	\$ 11.82	74.704	\$ 1061.16	\$ 882.65
@PHYSICIANS SERVICES	178	746	\$ 25,885.56	\$ 34.70	.871	\$ 145.42	\$ 30.24
OUTPATIENT VISITS	36	49	1,927.16	39.33	.057	53.53	2.25
OFFICE VISITS	28	40	1,569.10	39.23	.047	56.04	1.83
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	5	205.80	41.16	.006	41.16	.24
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	4	152.26	38.07	.005	38.07	.18
INPATIENT VISITS	5	17	767.08	45.12	.020	153.42	.90
HOSPITAL VISITS	5	16	734.62	45.91	.019	146.92	.86
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1	32.46	32.46	.001	32.46	.04
OPHTHALMOLOGICAL SERVICES	7	8	419.65	52.46	.009	59.95	.49
EXAMINATIONS	7	8	419.65	52.46	.009	59.95	.49
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	72	2,310.18	32.09	.084	385.03	2.70
PRINCIPAL SURGEON	3	3	1,101.27	367.09	.004	367.09	1.29
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	69	1,208.91	17.52	.081	302.23	1.41
OUTPATIENT SURGERY	19	90	10,229.33	113.66	.105	538.39	11.95
PRINCIPAL SURGEON	14	33	9,057.41	274.47	.039	646.96	10.58
ASSISTANT SURGEON	1	1	118.02	118.02	.001	118.02	.14
ANESTHESIOLOGIST	5	56	1,053.90	18.82	.065	210.78	1.23
DIALYSIS	12	38	3,869.28	101.82	.044	322.44	4.52
PATHOLOGY	4	7	239.01	34.14	.008	59.75	.28
RADIOLOGY	31	57	2,877.11	50.48	.067	92.81	3.36
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	106	408	3,246.76	7.96	.477	30.63	3.79
@PHARMACY	566	25,417	\$ 233,480.26	\$ 9.19	29.693	\$ 412.51	\$ 272.76
PRESCRIPTION DRUGS	557	2,655	213,455.23	80.40	3.102	383.22	249.36
SNF/ICF	55	468	24,084.25	51.46	.547	437.90	28.14
OUTPATIENTS	510	2,187	189,370.98	86.59	2.555	371.32	221.23
MEDICAL SUPPLIES	122	22,762	20,025.03	.88	26.591	164.14	23.39
@DENTIST	19	77	\$ 1,965.00	\$ 25.52	.090	\$ 103.42	\$ 2.30
VISITS - DIAGNOSTIC	14	48	711.00	14.81	.056	50.79	.83
ORAL SURGERY	1	4	159.00	39.75	.005	159.00	.19
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	1	4	.00	.00	.005	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	8	20	995.00	49.75	.023	124.38	1.16
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	100.00	100.00	.001	100.00	.12
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,910
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

856 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	16	44	\$ 2,013.74	\$ 45.77	.051	\$ 125.86	\$ 2.35
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.004	47.45	.17
EYE APPLIANCES	12	34	1,712.57	50.37	.040	142.71	2.00
OTHER OPTOMETRIC SERVICES	5	7	158.82	22.69	.008	31.76	.19
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	26	37	\$ 393.08	\$ 10.62	.043	\$ 15.12	\$.46
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	26	37	393.08	10.62	.043	15.12	.46
@HOME HEALTH AGENCY	2	2	\$ 104.99	\$ 52.50	.002	\$ 52.50	\$.12
NURSE ANESTHESIST	2	6	\$ 44.79	\$ 7.47	.007	\$ 22.40	\$.05
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	174	962	\$ 79,907.57	\$ 83.06	1.124	\$ 459.24	\$ 93.35
HOSP INPATIENT TOTAL	13	78	55,109.84	706.54	.091	4239.22	64.38
HSC HOSPITALS	1	5	8,250.00	1650.00	.006	8250.00	9.64
NON-HSC HOSPITAL TOTAL	6	29	41,987.84	1447.86	.034	6997.97	49.05
ACCOMMODATIONS	6	29	14,788.67	509.95	.034	2464.78	17.28
ADMINISTRATIVE DAYS	1	6	1,298.99	216.50	.007	1298.99	1.52
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	23	13,489.68	586.51	.027	2697.94	15.76
ANCILLARIES	6	0	27,199.17	.00	.000	4533.20	31.77
INPATIENT CROSSOVERS	6	44	4,872.00	110.73	.051	812.00	5.69
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	167	884	24,797.73	28.05	1.033	148.49	28.97
MEDICAL	38	65	3,884.45	59.76	.076	102.22	4.54
SURGERY	14	16	1,514.35	94.65	.019	108.17	1.77
PATHOLOGY	70	323	3,532.92	10.94	.377	50.47	4.13
RADIOLOGY	27	42	4,638.93	110.45	.049	171.81	5.42
ROOM USE	53	87	4,701.76	54.04	.102	88.71	5.49
CROSSOVERS/ALL OTH OUTPTNT	97	351	6,525.32	18.59	.410	67.27	7.62
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,911
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

856 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	174	962	\$ 79,907.57	\$ 83.06	1.124 \$ 459.24 \$ 93.35
COMM HOSP INPATIENT TOTAL	13	78	55,109.84	706.54	.091 4239.22 64.38
HSC HOSPITALS	1	5	8,250.00	1650.00	.006 8250.00 9.64
NON-HSC HOSPITALS TOTAL	6	29	41,987.84	1447.86	.034 6997.97 49.05
ACCOMMODATIONS	6	29	14,788.67	509.95	.034 2464.78 17.28
ADMINISTRATIVE DAYS	1	6	1,298.99	216.50	.007 1298.99 1.52
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	5	23	13,489.68	586.51	.027 2697.94 15.76
ANCILLARIES	6	0	27,199.17	.00	.000 4533.20 31.77
INPATIENT CROSSOVERS	6	44	4,872.00	110.73	.051 812.00 5.69
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	167	884	24,797.73	28.05	1.033 148.49 28.97
MEDICAL	38	65	3,884.45	59.76	.076 102.22 4.54
SURGERY	14	16	1,514.35	94.65	.019 108.17 1.77
PATHOLOGY	70	323	3,532.92	10.94	.377 50.47 4.13
RADIOLOGY	27	42	4,638.93	110.45	.049 171.81 5.42
ROOM USE	53	87	4,701.76	54.04	.102 88.71 5.49
CROSSOVERS/ALL OTH OUTPTNT	97	351	6,525.32	18.59	.410 67.27 7.62
@STATE HOSPITAL	2	59	\$ 26,031.70	\$ 441.22	.069 \$ 13015.85 \$ 30.41
MENTALLY ILL	0	0	.00	.00	.000 .00 .00
DEVELOP. DISABLED	2	59	26,031.70	441.22	.069 13015.85 30.41
@NURSING FACILITY	57	1,534	\$ 175,754.01	\$ 114.57	1.792 \$ 3083.40 \$ 205.32
LEV A-INTERMEDIATE	0	0	.00	.00	.000 .00 .00
LEV B-REHAB MD	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000 .00 .00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
LEV B-REGULAR	57	1,534	175,754.01	114.57	1.792 3083.40 205.32
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000 \$.00 \$.00
ICF DDH	0	0	.00	.00	.000 .00 .00
ICF DD	0	0	.00	.00	.000 .00 .00
ICF DDN/DDCN	0	0	.00	.00	.000 .00 .00
@HEMODIALYSIS TOTAL	55	1,137	\$ 53,284.80	\$ 46.86	1.328 \$ 968.81 \$ 62.25
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00
HEMODIALYSIS CENTER	55	1,137	53,284.80	46.86	1.328 968.81 62.25
@REHABILITATION FACILITY	4	7	\$ 129.17	\$ 18.45	.008 \$ 32.29 \$.15
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00

INDEPENDENT FACILITY	4	7		129.17		18.45	.008	32.29	.15
@LABORATORY FACILITY	15	102	\$	1,295.05	\$	12.70	.119	\$ 86.34	\$ 1.51
PATHOLOGY	15	102		1,295.05		12.70	.119	86.34	1.51
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	291	586	\$	38,735.11	\$	66.10	.685	\$ 133.11	\$ 45.25
CLINIC	4	7		545.80		77.97	.008	136.45	.64
SURGICENTER	3	8		384.04		48.01	.009	128.01	.45
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	289	571		37,805.27		66.21	.667	130.81	44.17

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,912
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

856 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	284	33,231	\$ 116,522.75	\$ 3.51	38.821 \$ 410.29 \$ 136.12
DURABLE MED. EQUIP.	26	101	16,750.50	165.85	.118 644.25 19.57
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	40	11,840	25,446.21	2.15	13.832 636.16 29.73
AMBULANCES/AIR TRANS	9	41	1,580.59	38.55	.048 175.62 1.85
OTHER TRANS	17	11,401	21,833.35	1.92	13.319 1284.31 25.51
OTHER SERVICES	16	398	2,032.27	5.11	.465 127.02 2.37
ACUPUNCTURE	22	59	1,000.22	16.95	.069 45.46 1.17
ADULT DAY HEALTH CARE CTR	18	226	15,090.82	66.77	.264 838.38 17.63
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	114	912	44,054.67	48.31	1.065 386.44 51.47
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	15	40	565.83	14.15	.047 37.72 .66
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	1	2	152.02	76.01	.002 152.02 .18

PROSTHETICS	1	2	152.02	76.01	.002	152.02	.18
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	11	19	1,685.53	88.71	.022	153.23	1.97
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	17	315	3,027.28	9.61	.368	178.08	3.54
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	113	19,717	8,749.67	.44	23.034	77.43	10.22
@CALIF. CHILDREN SERVICES*	30	258	\$ 38,389.08	\$ 148.79	.301	\$ 1279.64	\$ 44.85
@XOVER EXCLUDING STATE HOSP**	217	4,331	\$ 52,544.58	\$ 12.13	5.060	\$ 242.14	\$ 61.38

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,913
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 MENDOCINO COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

45,516 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	37,133	813,630	\$ 31,384,361.84	\$ 38.57	17.876	\$ 845.19	\$ 689.52
@PHYSICIANS SERVICES	8,384	25,548	\$ 1,050,280.66	\$ 41.11	.561	\$ 125.27	\$ 23.07
OUTPATIENT VISITS	2,430	3,253	117,866.11	36.23	.071	48.50	2.59
OFFICE VISITS	2,091	2,752	95,245.06	34.61	.060	45.55	2.09
HOME VISITS	6	10	343.00	34.30	.000	57.17	.01
EMERGENCY ROOM	215	280	14,552.55	51.97	.006	67.69	.32
PREVENTIVE CARE	1	1	43.85	43.85	.000	43.85	.00
OB VISITS/COMPRE PERI	17	23	1,891.81	82.25	.001	111.28	.04
OTHER OUTPATIENT	160	187	5,789.84	30.96	.004	36.19	.13
INPATIENT VISITS	619	2,583	128,513.58	49.75	.057	207.61	2.82
HOSPITAL VISITS	539	2,234	105,212.05	47.10	.049	195.20	2.31
CRITICAL CARE	62	147	15,910.97	108.24	.003	256.63	.35
SNF/ICF/TRANS IP CARE	79	202	7,390.56	36.59	.004	93.55	.16
OPHTHALMOLOGICAL SERVICES	161	176	7,918.02	44.99	.004	49.18	.17
EXAMINATIONS	161	176	7,918.02	44.99	.004	49.18	.17
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	365	2,560	178,948.23	69.90	.056	490.27	3.93
PRINCIPAL SURGEON	248	380	130,514.36	343.46	.008	526.27	2.87
ASSISTANT SURGEON	42	44	8,954.18	203.50	.001	213.19	.20
ANESTHESIOLOGIST	153	2,136	39,479.69	18.48	.047	258.04	.87
OUTPATIENT SURGERY	704	2,378	194,995.37	82.00	.052	276.98	4.28
PRINCIPAL SURGEON	556	794	163,017.50	205.31	.017	293.20	3.58
ASSISTANT SURGEON	6	6	613.57	102.26	.000	102.26	.01
ANESTHESIOLOGIST	197	1,578	31,364.30	19.88	.035	159.21	.69
DIALYSIS	36	62	8,655.02	139.60	.001	240.42	.19
PATHOLOGY	639	1,174	33,372.24	28.43	.026	52.23	.73
RADIOLOGY	2,554	4,486	191,753.67	42.74	.099	75.08	4.21
PSYCHIATRY	5	8	299.79	37.47	.000	59.96	.01
IMMUNIZATION AND INJECTION	97	417	23,994.13	57.54	.009	247.36	.53
OTHER SERVICES/ALL X-OVERS	3,681	8,451	163,964.50	19.40	.186	44.54	3.60
@PHARMACY	29,516	244,319	\$ 12,308,632.55	\$ 50.38	5.368	\$ 417.02	\$ 270.42
PRESCRIPTION DRUGS	29,166	123,012	12,031,836.34	97.81	2.703	412.53	264.34
SNF/ICF	587	4,196	323,305.09	77.05	.092	550.78	7.10
OUTPATIENTS	28,627	118,816	11,708,531.25	98.54	2.610	409.00	257.24

MEDICAL SUPPLIES	2,313	121,307		276,796.21		2.28	2.665	119.67	6.08
@DENTIST	1,312	5,104	\$	204,280.06	\$	40.02	.112	\$ 155.70	\$ 4.49
VISITS - DIAGNOSTIC	918	2,983		46,314.88		15.53	.066	50.45	1.02
ORAL SURGERY	217	805		46,707.25		58.02	.018	215.24	1.03
DRUGS	5	5		38.00		7.60	.000	7.60	.00
ANESTHESIA	25	25		2,150.00		86.00	.001	86.00	.05
PERIODONTICS	48	64		7,330.00		114.53	.001	152.71	.16
ENDODONTICS	37	52		9,895.00		190.29	.001	267.43	.22
RESTORATIVE DENTISTRY	363	858		56,087.75		65.37	.019	154.51	1.23
PROSTHETICS	10	10		270.00		27.00	.000	27.00	.01
DENTURES, STAYPLATES	98	264		30,831.00		116.78	.006	314.60	.68
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	9	14		2,335.35		166.81	.000	259.48	.05
FRACTURES, DISLOCATIONS	1	1		800.00		800.00	.000	800.00	.02
ORTHODONTIC SERVICES	11	14		1,520.83		108.63	.000	138.26	.03
ALL OTHER SERVICES	9	9		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002				PAGE 6,914				
MOP024	FEE-FOR-SERVICE/DENTAL				01/17/03				
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 57 ALL DISABLED								

						----- MONTHLY AVERAGE -----			
45,516 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	1,011	2,984	\$	65,095.16	\$ 21.81	.066	\$ 64.39	\$	1.43
DIAGNOSTIC AND ANC. PROCED	500	504		23,411.68	46.45	.011	46.82		.51
EYE APPLIANCES	824	2,350		39,245.80	16.70	.052	47.63		.86
OTHER OPTOMETRIC SERVICES	94	130		2,437.68	18.75	.003	25.93		.05
@CHIROPRACTOR	64	174	\$	2,808.54	\$ 16.14	.004	\$ 43.88	\$	.06
VISITS	56	162		2,654.30	16.38	.004	47.40		.06
OTHER SERVICES	8	12		154.24	12.85	.000	19.28		.00
@PODIATRIST	177	241	\$	3,717.79	\$ 15.43	.005	\$ 21.00	\$	.08
MEDICINE/INJECTIONS	13	13		405.80	31.22	.000	31.22		.01
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	164	228		3,311.99	14.53	.005	20.20		.07
@HOME HEALTH AGENCY	136	1,454	\$	79,325.18	\$ 54.56	.032	\$ 583.27	\$	1.74
NURSE ANESTHESIST	35	161	\$	547.49	\$ 3.40	.004	\$ 15.64	\$	.01
NURSE MIDWIFE	17	96	\$	2,561.75	\$ 26.68	.002	\$ 150.69	\$	.06
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	\$	.00
@TOTAL HOSPITAL	9,518	52,797	\$	8,162,841.82	\$ 154.61	1.160	\$ 857.62	\$	179.34
HOSP INPATIENT TOTAL	857	4,541		6,691,821.92	1473.64	.100	7808.43		147.02
HSC HOSPITALS	80	636		1,004,873.30	1579.99	.014	12560.92		22.08
NON-HSC HOSPITAL TOTAL	494	2,374		5,440,161.80	2291.56	.052	11012.47		119.52
ACCOMMODATIONS	473	2,374		1,692,533.63	712.95	.052	3578.30		37.19
ADMINISTRATIVE DAYS	27	117		24,866.48	212.53	.003	920.98		.55
TRANSITIONAL IP CARE	0	0		302.04	.00	.000	.00		.01
ALL OTHER ACCOM	456	2,257		1,667,365.11	738.75	.050	3656.50		36.63
ANCILLARIES	494	0		3,747,628.17	.00	.000	7586.29		82.34
INPATIENT CROSSOVERS	296	1,531		246,786.82	161.19	.034	833.74		5.42
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	9,153	48,256		1,471,019.90	30.48	1.060	160.71		32.32
MEDICAL	3,037	5,811		328,710.69	56.57	.128	108.24		7.22
SURGERY	528	659		47,222.47	71.66	.014	89.44		1.04
PATHOLOGY	3,999	17,244		228,412.43	13.25	.379	57.12		5.02
RADIOLOGY	2,052	3,076		251,138.38	81.64	.068	122.39		5.52
ROOM USE	3,052	4,808		230,987.62	48.04	.106	75.68		5.07

CROSSEOVERS/ALL OTH OUTPTNT	4,656	16,658		384,548.31	23.08	.366	82.59	8.45
@COUNTY HOSPITAL TOTAL	57	323	\$	29,608.99	\$ 91.67	.007	\$ 519.46	\$.65
CO HOSPITAL INPATIENT TOTAL	4	20		22,702.50	1135.13	.000	5675.63	.50
HSC HOSPITALS	4	20		22,608.00	1130.40	.000	5652.00	.50
NON-HSC HOSPITALS TOTAL	0	0		94.50	.00	.000	.00	.00
ACCOMMODATIONS	0	0		94.50	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		94.50	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	57	303		6,906.49	22.79	.007	121.17	.15
MEDICAL	32	49		1,931.98	39.43	.001	60.37	.04
SURGERY	4	4		95.04	23.76	.000	23.76	.00
PATHOLOGY	21	107		1,364.37	12.75	.002	64.97	.03
RADIOLOGY	12	29		1,209.46	41.71	.001	100.79	.03
ROOM USE	35	44		1,586.70	36.06	.001	45.33	.03
CROSSEOVERS/ALL OTH OUTPTNT	23	70		718.94	10.27	.002	31.26	.02

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MENDOCINO COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

	45,516 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9,473	52,474	\$	8,133,232.83	\$ 155.00	1.153	\$ 858.57	\$ 178.69
COMM HOSP INPATIENT TOTAL	855	4,521		6,669,119.42	1475.14	.099	7800.14	146.52
HSC HOSPITALS	76	616		982,265.30	1594.59	.014	12924.54	21.58
NON-HSC HOSPITALS TOTAL	494	2,374		5,440,067.30	2291.52	.052	11012.28	119.52
ACCOMMODATIONS	473	2,374		1,692,439.13	712.91	.052	3578.10	37.18
ADMINISTRATIVE DAYS	27	117		24,771.98	211.73	.003	917.48	.54
TRANSITIONAL IP CARE	0	0		302.04	.00	.000	.00	.01
ALL OTHER ACCOM	456	2,257		1,667,365.11	738.75	.050	3656.50	36.63
ANCILLARIES	494	0		3,747,628.17	.00	.000	7586.29	82.34
INPATIENT CROSSEOVERS	296	1,531		246,786.82	161.19	.034	833.74	5.42
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9,107	47,953		1,464,113.41	30.53	1.054	160.77	32.17
MEDICAL	3,007	5,762		326,778.71	56.71	.127	108.67	7.18
SURGERY	524	655		47,127.43	71.95	.014	89.94	1.04
PATHOLOGY	3,981	17,137		227,048.06	13.25	.377	57.03	4.99
RADIOLOGY	2,042	3,047		249,928.92	82.02	.067	122.39	5.49
ROOM USE	3,022	4,764		229,400.92	48.15	.105	75.91	5.04
CROSSEOVERS/ALL OTH OUTPTNT	4,637	16,588		383,829.37	23.14	.364	82.78	8.43
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	442	12,539	\$	1,824,208.90	\$ 145.48	.275	\$ 4127.17	\$ 40.08
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	15	456		49,638.08	108.86	.010	3309.21	1.09
LEV B-SUBACUTE FREESTANDING	12	456		262,077.99	574.73	.010	21839.83	5.76
LEV B-SUBACUTE HSPTL BASED	11	290		176,414.38	608.33	.006	16037.67	3.88
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	405	11,337		1,336,078.45	117.85	.249	3298.96	29.35
@INTERMEDIATE CARE FACIL.-DD	340	10,353	\$	1,467,136.98	\$ 141.71	.227	\$ 4315.11	\$ 32.23
ICF DDH	268	8,172		1,105,565.24	135.29	.180	4125.24	24.29
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	72	2,181		361,571.74		165.78	.048	5021.83		7.94
@HEMODIALYSIS TOTAL	185	1,308	\$	127,952.40	\$	97.82	.029	\$ 691.63	\$	2.81
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	185	1,308		127,952.40		97.82	.029	691.63		2.81
@REHABILITATION FACILITY	95	1,146	\$	15,037.82	\$	13.12	.025	\$ 158.29	\$	.33
HOSPITAL BASED	4	11		323.09		29.37	.000	80.77		.01
INDEPENDENT FACILITY	91	1,135		14,714.73		12.96	.025	161.70		.32
@LABORATORY FACILITY	1,326	6,025	\$	78,219.97	\$	12.98	.132	\$ 58.99	\$	1.72
PATHOLOGY	1,322	6,017		78,153.11		12.99	.132	59.12		1.72
XO AND OTHERS	4	8		66.86		8.36	.000	16.72		.00
@ORGANIZED OUTPATIENT CLINIC	19,022	46,377	\$	3,777,560.22	\$	81.45	1.019	\$ 198.59	\$	82.99
CLINIC	197	489		20,433.98		41.79	.011	103.73		.45
SURGICENTER	156	452		18,807.35		41.61	.010	120.56		.41
HEROIN DETOX CLINIC	2	28		343.18		12.26	.001	171.59		.01
RURAL HEALTH CLINIC	18,842	45,408		3,737,975.71		82.32	.998	198.39		82.12
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		----- MONTHLY AVERAGE -----						
45,516 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	7,678	403,004	\$ 2,214,154.55	\$ 5.49	8.854	\$ 288.38	\$ 48.65	
DURABLE MED. EQUIP.	814	4,151	579,087.21	139.51	.091	711.41	12.72	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	50	78	10,487.15	134.45	.002	209.74	.23	
MEDICAL TRANSPORTATION	890	43,214	315,070.54	7.29	.949	354.01	6.92	
AMBULANCES/AIR TRANS	534	9,856	155,072.16	15.73	.217	290.40	3.41	
OTHER TRANS	93	28,165	59,627.10	2.12	.619	641.15	1.31	
OTHER SERVICES	317	5,193	100,371.28	19.33	.114	316.63	2.21	
ACUPUNCTURE	1,240	3,114	53,257.52	17.10	.068	42.95	1.17	
ADULT DAY HEALTH CARE CTR	192	2,049	135,418.62	66.09	.045	705.31	2.98	
GENETIC DISEASE TESTING	18	18	1,476.00	82.00	.000	82.00	.03	
IHMC, MODEL-NF, NF, AIDS, MSSP	968	9,361	545,358.31	58.26	.206	563.39	11.98	
OCCUPATIONAL THERAPIST	8	63	907.01	14.40	.001	113.38	.02	
OPTICIAN	1,091	2,763	34,913.40	12.64	.061	32.00	.77	
PHYSICAL THERAPIST	275	2,564	37,962.23	14.81	.056	138.04	.83	
PORTABLE X-RAY	2	4	135.28	33.82	.000	67.64	.00	
PROSTHETIST/ORTHOTISTS	143	498	64,396.21	129.31	.011	450.32	1.41	
PROSTHETICS	116	467	62,645.27	134.14	.010	540.05	1.38	
ORTHOTICS	27	31	1,750.94	56.48	.001	64.85	.04	
PSYCHOLOGIST	9	19	1,438.43	75.71	.000	159.83	.03	
SPEECH AND AUDIOLOGY	203	683	43,851.70	64.20	.015	216.02	.96	
HOSPICE SERVICES	6	92	9,809.07	106.62	.002	1634.85	.22	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	768	15,545	165,850.74	10.67	.342	215.95	3.64	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	2,167	318,788	214,735.13	.67	7.004	99.09	4.72	
@CALIF. CHILDREN SERVICES*	585	8,963	\$ 839,969.00	\$ 93.72	.197	\$ 1435.84	\$ 18.45	
@XOVER EXCLUDING STATE HOSP**	5,799	56,361	\$ 808,968.46	\$ 14.35	1.238	\$ 139.50	\$ 17.77	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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MENDOCINO COUNTY

SUMMARY OF SERVICES FOR 58 ALL FAMILIES

131,313 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	65,198	385,764	\$ 23,093,034.82	\$ 59.86	2.938	\$ 354.20	\$ 175.86
@PHYSICIANS SERVICES	10,479	29,017	\$ 1,639,356.39	\$ 56.50	.221	\$ 156.44	\$ 12.48
OUTPATIENT VISITS	3,286	4,224	171,220.23	40.54	.032	52.11	1.30
OFFICE VISITS	2,579	3,156	110,123.89	34.89	.024	42.70	.84
HOME VISITS	2	2	54.98	27.49	.000	27.49	.00
EMERGENCY ROOM	299	339	15,407.00	45.45	.003	51.53	.12
PREVENTIVE CARE	2	2	87.70	43.85	.000	43.85	.00
OB VISITS/COMPRE PERI	338	592	41,284.75	69.74	.005	122.14	.31
OTHER OUTPATIENT	125	133	4,261.91	32.04	.001	34.10	.03
INPATIENT VISITS	956	3,448	230,269.44	66.78	.026	240.87	1.75
HOSPITAL VISITS	905	2,724	122,648.77	45.03	.021	135.52	.93
CRITICAL CARE	138	724	107,620.67	148.65	.006	779.86	.82
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	137	149	7,318.42	49.12	.001	53.42	.06
EXAMINATIONS	137	149	7,318.42	49.12	.001	53.42	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	901	4,947	503,100.52	101.70	.038	558.38	3.83
PRINCIPAL SURGEON	578	720	405,920.56	563.78	.005	702.28	3.09
ASSISTANT SURGEON	91	92	19,094.91	207.55	.001	209.83	.15
ANESTHESIOLOGIST	371	4,135	78,085.05	18.88	.031	210.47	.59
OUTPATIENT SURGERY	1,230	4,596	284,302.27	61.86	.035	231.14	2.17
PRINCIPAL SURGEON	905	1,100	212,187.42	192.90	.008	234.46	1.62
ASSISTANT SURGEON	9	9	856.06	95.12	.000	95.12	.01
ANESTHESIOLOGIST	478	3,487	71,258.79	20.44	.027	149.08	.54
DIALYSIS	11	26	3,011.50	115.83	.000	273.77	.02
PATHOLOGY	1,758	2,714	72,160.36	26.59	.021	41.05	.55
RADIOLOGY	4,446	6,577	226,400.60	34.42	.050	50.92	1.72
PSYCHIATRY	1	1	29.18	29.18	.000	29.18	.00

IMMUNIZATION AND INJECTION	134	461		60,528.58		131.30	.004	451.71	.46
OTHER SERVICES/ALL X-OVERS	1,058	1,874		81,015.29		43.23	.014	76.57	.62
@PHARMACY	27,426	68,218	\$	2,815,611.04	\$	41.27	.520	\$ 102.66	\$ 21.44
PRESCRIPTION DRUGS	27,194	58,463		2,756,925.54		47.16	.445	101.38	21.00
SNF/ICF	10	39		2,964.78		76.02	.000	296.48	.02
OUTPATIENTS	27,189	58,424		2,753,960.76		47.14	.445	101.29	20.97
MEDICAL SUPPLIES	651	9,755		58,685.50		6.02	.074	90.15	.45
@DENTIST	3,073	12,457	\$	408,972.79	\$	32.83	.095	\$ 133.09	\$ 3.11
VISITS - DIAGNOSTIC	2,265	8,057		123,392.55		15.31	.061	54.48	.94
ORAL SURGERY	476	1,231		89,191.50		72.45	.009	187.38	.68
DRUGS	40	42		770.00		18.33	.000	19.25	.01
ANESTHESIA	153	156		14,315.00		91.76	.001	93.56	.11
PERIODONTICS	25	25		2,490.00		99.60	.000	99.60	.02
ENDODONTICS	137	263		26,157.00		99.46	.002	190.93	.20
RESTORATIVE DENTISTRY	992	2,503		141,101.75		56.37	.019	142.24	1.07
PROSTHETICS	9	9		270.00		30.00	.000	30.00	.00
DENTURES, STAYPLATES	14	68		4,721.00		69.43	.001	337.21	.04
SPACE MAINTAINERS	19	24		2,364.00		98.50	.000	124.42	.02
MAXILLOFACIAL SERVICES	15	21		1,690.28		80.49	.000	112.69	.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	25	38		2,509.71		66.05	.000	100.39	.02
ALL OTHER SERVICES	16	20		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
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131,313 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	1,214	3,525	\$	82,001.51	\$ 23.26	.027	\$ 67.55	\$.62
DIAGNOSTIC AND ANC. PROCED	908	915		42,909.21	46.90	.007	47.26	.33
EYE APPLIANCES	922	2,582		38,373.33	14.86	.020	41.62	.29
OTHER OPTOMETRIC SERVICES	28	28		718.97	25.68	.000	25.68	.01
@CHIROPRACTOR	111	313	\$	5,041.08	\$ 16.11	.002	\$ 45.42	\$.04
VISITS	111	313		5,041.08	16.11	.002	45.42	.04
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$	352.20	\$ 176.10	.000	\$ 176.10	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	2	2		352.20	176.10	.000	176.10	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	105	294	\$	18,577.92	\$ 63.19	.002	\$ 176.93	\$.14
NURSE ANESTHESIST	2	14	\$	140.24	\$ 10.02	.000	\$ 70.12	\$.00
NURSE MIDWIFE	414	1,896	\$	61,681.95	\$ 32.53	.014	\$ 148.99	\$.47
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	3	4	\$	131.38	\$ 32.85	.000	\$ 43.79	\$.00
@TOTAL HOSPITAL	16,329	79,041	\$	10,278,338.91	\$ 130.04	.602	\$ 629.45	\$ 78.27
HOSP INPATIENT TOTAL	1,033	4,456		7,980,402.46	1790.93	.034	7725.46	60.77
HSC HOSPITALS	104	978		1,482,806.86	1516.16	.007	14257.76	11.29
NON-HSC HOSPITAL TOTAL	946	3,478		6,497,595.60	1868.20	.026	6868.49	49.48
ACCOMMODATIONS	876	3,478		2,501,883.68	719.35	.026	2856.03	19.05
ADMINISTRATIVE DAYS	14	50		10,936.83	218.74	.000	781.20	.08
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	868	3,428		2,490,946.85	726.65	.026	2869.75	18.97
ANCILLARIES	946	0		3,995,711.92	.00	.000	4223.80	30.43
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	15,828	74,585	2,297,936.45	30.81	.568	145.18	17.50
MEDICAL	7,989	11,935	605,265.32	50.71	.091	75.76	4.61
SURGERY	1,405	1,796	131,665.08	73.31	.014	93.71	1.00
PATHOLOGY	7,022	23,473	274,747.89	11.70	.179	39.13	2.09
RADIOLOGY	3,685	4,993	341,918.53	68.48	.038	92.79	2.60
ROOM USE	8,895	12,368	553,509.27	44.75	.094	62.23	4.22
CROSSOVERS/ALL OTH OUTPTNT	6,060	20,020	390,830.36	19.52	.152	64.49	2.98
@COUNTY HOSPITAL TOTAL	25	164	\$ 99,559.20	\$ 607.07	.001	\$ 3982.37	\$.76
CO HOSPITAL INPATIENT TOTAL	3	81	96,795.02	1195.00	.001	32265.01	.74
HSC HOSPITALS	3	81	96,795.02	1195.00	.001	32265.01	.74
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	22	83	2,764.18	33.30	.001	125.64	.02
MEDICAL	11	14	581.01	41.50	.000	52.82	.00
SURGERY	3	7	215.09	30.73	.000	71.70	.00
PATHOLOGY	4	21	350.90	16.71	.000	87.73	.00
RADIOLOGY	1	2	89.62	44.81	.000	89.62	.00
ROOM USE	18	23	1,087.54	47.28	.000	60.42	.01
CROSSOVERS/ALL OTH OUTPTNT	11	16	440.02	27.50	.000	40.00	.00
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					----- MONTHLY AVERAGE -----			
131,313 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	16,307	78,877	\$ 10,178,779.71	\$ 129.05	.601	\$ 624.20	\$ 77.52	
COMM HOSP INPATIENT TOTAL	1,030	4,375	7,883,607.44	1801.97	.033	7653.99	60.04	
HSC HOSPITALS	101	897	1,386,011.84	1545.16	.007	13722.89	10.56	
NON-HSC HOSPITALS TOTAL	946	3,478	6,497,595.60	1868.20	.026	6868.49	49.48	
ACCOMMODATIONS	876	3,478	2,501,883.68	719.35	.026	2856.03	19.05	
ADMINISTRATIVE DAYS	14	50	10,936.83	218.74	.000	781.20	.08	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	868	3,428	2,490,946.85	726.65	.026	2869.75	18.97	
ANCILLARIES	946	0	3,995,711.92	.00	.000	4223.80	30.43	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	15,808	74,502	2,295,172.27	30.81	.567	145.19	17.48	
MEDICAL	7,979	11,921	604,684.31	50.72	.091	75.78	4.60	
SURGERY	1,402	1,789	131,449.99	73.48	.014	93.76	1.00	
PATHOLOGY	7,019	23,452	274,396.99	11.70	.179	39.09	2.09	
RADIOLOGY	3,684	4,991	341,828.91	68.49	.038	92.79	2.60	
ROOM USE	8,879	12,345	552,421.73	44.75	.094	62.22	4.21	
CROSSOVERS/ALL OTH OUTPTNT	6,050	20,004	390,390.34	19.52	.152	64.53	2.97	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	1	8	\$ 1,760.88	\$ 220.11	.000	\$ 1760.88	\$.01	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	8	1,760.88	220.11	.000	1760.88	.01
@INTERMEDIATE CARE FACIL.--DD	1	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	1	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	13	584	\$ 42,301.34	\$ 72.43	.004	\$ 3253.95	\$.32
HOSPITAL BASED	4	47	17,780.10	378.30	.000	4445.03	.14
HEMODIALYSIS CENTER	9	537	24,521.24	45.66	.004	2724.58	.19
@REHABILITATION FACILITY	29	263	\$ 3,845.10	\$ 14.62	.002	\$ 132.59	\$.03
HOSPITAL BASED	2	3CR	22.77	7.59CR	.000	11.39	.00
INDEPENDENT FACILITY	27	266	3,822.33	14.37	.002	141.57	.03
@LABORATORY FACILITY	3,210	8,728	\$ 166,438.47	\$ 19.07	.066	\$ 51.85	\$ 1.27
PATHOLOGY	3,210	8,728	166,438.47	19.07	.066	51.85	1.27
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	35,949	68,666	\$ 6,708,582.98	\$ 97.70	.523	\$ 186.61	\$ 51.09
CLINIC	991	3,926	81,347.56	20.72	.030	82.09	.62
SURGICENTER	110	496	18,730.96	37.76	.004	170.28	.14
HEROIN DETOX CLINIC	2	7	103.71	14.82	.000	51.86	.00
RURAL HEALTH CLINIC	35,202	64,237	6,608,400.75	102.88	.489	187.73	50.33
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,920
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 58 ALL FAMILIES						

					----- MONTHLY AVERAGE -----			
131,313 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	7,459	112,734	\$ 859,900.64	\$ 7.63	.859	\$ 115.28	\$ 6.55	
DURABLE MED. EQUIP.	208	442	31,499.76	71.27	.003	151.44	.24	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	14	34	3,364.46	98.95	.000	240.32	.03	
MEDICAL TRANSPORTATION	490	17,133	358,991.36	20.95	.130	732.64	2.73	
AMBULANCES/AIR TRANS	480	12,629	211,103.08	16.72	.096	439.80	1.61	
OTHER TRANS	3	4,420	9,519.39	2.15	.034	3173.13	.07	
OTHER SERVICES	80	84	138,368.89	1647.25	.001	1729.61	1.05	
ACUPUNCTURE	1,440	3,561	60,920.25	17.11	.027	42.31	.46	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	369	370	28,034.00	75.77	.003	75.97	.21	
IHMC, MODEL-NF, NF, AIDS, MSSP	7	35	5,557.00	158.77	.000	793.86	.04	
OCCUPATIONAL THERAPIST	2	10	159.93	15.99	.000	79.97	.00	
OPTICIAN	1,058	2,499	25,518.56	10.21	.019	24.12	.19	
PHYSICAL THERAPIST	207	1,769	28,905.81	16.34	.013	139.64	.22	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	68	178	22,764.57	127.89	.001	334.77	.17	
PROSTHETICS	44	148	21,266.29	143.69	.001	483.32	.16	
ORTHOTICS	24	30	1,498.28	49.94	.000	62.43	.01	
PSYCHOLOGIST	6	16	1,187.02	74.19	.000	197.84	.01	
SPEECH AND AUDIOLOGY	62	137	9,567.42	69.84	.001	154.31	.07	
HOSPICE SERVICES	1	11	1,216.16	110.56	.000	1216.16	.01	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	3,495	20,105	244,487.47	12.16	.153	69.95	1.86	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	163	66,434	37,726.87	.57	.506	231.45	.29	
@CALIF. CHILDREN SERVICES*	641	5,058	\$ 1,900,481.28	\$ 375.74	.039	\$ 2964.87	\$ 14.47	

@XOVER EXCLUDING STATE HOSP** 72 172 \$ 3,189.24 \$ 18.54 .001 \$ 44.30 \$.02
 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,921
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 MENDOCINO COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

5,007 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,363	14,287	\$ 979,891.34	\$ 68.59	2.853	\$ 414.68	\$ 195.70
@PHYSICIANS SERVICES	421	1,190	\$ 57,121.55	\$ 48.00	.238	\$ 135.68	\$ 11.41
OUTPATIENT VISITS	143	185	8,049.10	43.51	.037	56.29	1.61
OFFICE VISITS	109	140	4,652.24	33.23	.028	42.68	.93
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	12	13	609.90	46.92	.003	50.83	.12
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	20	28	2,688.32	96.01	.006	134.42	.54
OTHER OUTPATIENT	3	4	98.64	24.66	.001	32.88	.02
INPATIENT VISITS	37	135	8,853.85	65.58	.027	239.29	1.77
HOSPITAL VISITS	31	92	4,361.20	47.40	.018	140.68	.87
CRITICAL CARE	7	41	4,438.95	108.27	.008	634.14	.89
SNF/ICF/TRANS IP CARE	2	2	53.70	26.85	.000	26.85	.01
OPHTHALMOLOGICAL SERVICES	8	10	503.02	50.30	.002	62.88	.10
EXAMINATIONS	8	10	503.02	50.30	.002	62.88	.10
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	38	142	16,387.05	115.40	.028	431.24	3.27
PRINCIPAL SURGEON	26	29	13,799.06	475.83	.006	530.73	2.76
ASSISTANT SURGEON	3	3	460.88	153.63	.001	153.63	.09
ANESTHESIOLOGIST	11	110	2,127.11	19.34	.022	193.37	.42
OUTPATIENT SURGERY	48	217	9,060.05	41.75	.043	188.75	1.81
PRINCIPAL SURGEON	31	50	5,826.74	116.53	.010	187.96	1.16
ASSISTANT SURGEON	1	1	107.22	107.22	.000	107.22	.02
ANESTHESIOLOGIST	18	166	3,126.09	18.83	.033	173.67	.62
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	46	84	2,162.05	25.74	.017	47.00	.43
RADIOLOGY	191	347	8,531.54	24.59	.069	44.67	1.70
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	6	241.80	40.30	.001	40.30	.05
OTHER SERVICES/ALL X-OVERS	47	64	3,333.09	52.08	.013	70.92	.67
@PHARMACY	939	3,209	\$ 115,400.14	\$ 35.96	.641	\$ 122.90	\$ 23.05
PRESCRIPTION DRUGS	930	2,029	112,987.46	55.69	.405	121.49	22.57
SNF/ICF	20	130	9,237.37	71.06	.026	461.87	1.84
OUTPATIENTS	911	1,899	103,750.09	54.63	.379	113.89	20.72
MEDICAL SUPPLIES	31	1,180	2,412.68	2.04	.236	77.83	.48
@DENTIST	121	489	\$ 16,917.43	\$ 34.60	.098	\$ 139.81	\$ 3.38
VISITS - DIAGNOSTIC	95	334	5,095.43	15.26	.067	53.64	1.02
ORAL SURGERY	22	64	6,507.00	101.67	.013	295.77	1.30
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	9	9	322.00	35.78	.002	35.78	.06
PERIODONTICS	1	2	.00	.00	.000	.00	.00
ENDODONTICS	8	13	2,224.00	171.08	.003	278.00	.44
RESTORATIVE DENTISTRY	17	52	1,917.00	36.87	.010	112.76	.38
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	1	2	222.00	111.00	.000	222.00	.04

MAXILLOFACIAL SERVICES	1	2	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	10	10	630.00	63.00	.002	63.00	.13
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

PAGE 6,922
01/17/03

5,007 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	37	105	\$ 2,415.29	\$ 23.00	.021	\$ 65.28	\$.48
DIAGNOSTIC AND ANC. PROCED	29	29	1,358.92	46.86	.006	46.86	.27
EYE APPLIANCES	26	76	1,056.37	13.90	.015	40.63	.21
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	1	2	\$ 33.44	\$ 16.72	.000	\$ 33.44	\$.01
VISITS	1	2	33.44	16.72	.000	33.44	.01
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	13	14	\$ 505.25	\$ 36.09	.003	\$ 38.87	\$.10
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	7	8	\$ 1,784.41	\$ 223.05	.002	\$ 254.92	\$.36
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	658	3,285	\$ 467,918.30	\$ 142.44	.656	\$ 711.12	\$ 93.45
HOSP INPATIENT TOTAL	52	177	374,513.14	2115.89	.035	7202.18	74.80
HSC HOSPITALS	4	28	6,609.76	236.06	.006	1652.44	1.32
NON-HSC HOSPITAL TOTAL	49	149	367,903.38	2469.15	.030	7508.23	73.48
ACCOMMODATIONS	46	149	104,685.82	702.59	.030	2275.78	20.91

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	46	149	104,685.82	702.59	.030	2275.78	20.91
ANCILLARIES	49	0	263,217.56	.00	.000	5371.79	52.57
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	626	3,108	93,405.16	30.05	.621	149.21	18.65
MEDICAL	327	493	26,405.09	53.56	.098	80.75	5.27
SURGERY	45	58	4,061.39	70.02	.012	90.25	.81
PATHOLOGY	297	1,033	12,384.87	11.99	.206	41.70	2.47
RADIOLOGY	157	244	16,289.03	66.76	.049	103.75	3.25
ROOM USE	369	489	20,133.36	41.17	.098	54.56	4.02
CROSSOVERS/ALL OTH OUTPTNT	248	791	14,131.42	17.87	.158	56.98	2.82
@COUNTY HOSPITAL TOTAL	6	44	\$ 1,062.42	\$ 24.15	.009	\$ 177.07	\$.21
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	44	1,062.42	24.15	.009	177.07	.21
MEDICAL	4	4	79.02	19.76	.001	19.76	.02
SURGERY	2	3	103.60	34.53	.001	51.80	.02
PATHOLOGY	2	8	143.88	17.99	.002	71.94	.03
RADIOLOGY	1	1	56.53	56.53	.000	56.53	.01
ROOM USE	5	9	527.12	58.57	.002	105.42	.11
CROSSOVERS/ALL OTH OUTPTNT	3	19	152.27	8.01	.004	50.76	.03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,923
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

5,007 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	652	3,241	\$ 466,855.88	\$ 144.05	.647	\$ 716.04	\$ 93.24
COMM HOSP INPATIENT TOTAL	52	177	374,513.14	2115.89	.035	7202.18	74.80
HSC HOSPITALS	4	28	6,609.76	236.06	.006	1652.44	1.32
NON-HSC HOSPITALS TOTAL	49	149	367,903.38	2469.15	.030	7508.23	73.48
ACCOMMODATIONS	46	149	104,685.82	702.59	.030	2275.78	20.91
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	46	149	104,685.82	702.59	.030	2275.78	20.91
ANCILLARIES	49	0	263,217.56	.00	.000	5371.79	52.57
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	620	3,064	92,342.74	30.14	.612	148.94	18.44
MEDICAL	323	489	26,326.07	53.84	.098	81.50	5.26
SURGERY	43	55	3,957.79	71.96	.011	92.04	.79
PATHOLOGY	295	1,025	12,240.99	11.94	.205	41.49	2.44
RADIOLOGY	156	243	16,232.50	66.80	.049	104.05	3.24
ROOM USE	364	480	19,606.24	40.85	.096	53.86	3.92
CROSSOVERS/ALL OTH OUTPTNT	245	772	13,979.15	18.11	.154	57.06	2.79
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	19	504	\$ 56,949.80	\$ 113.00	.101	\$ 2997.36	\$ 11.37
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	19	504	56,949.80	113.00	.101	2997.36	11.37
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	4	38	\$ 489.96	\$ 12.89	.008	\$ 122.49	\$.10
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	4	38	489.96	12.89	.008	122.49	.10
@LABORATORY FACILITY	151	297	\$ 7,313.61	\$ 24.62	.059	\$ 48.43	\$ 1.46
PATHOLOGY	151	297	7,313.61	24.62	.059	48.43	1.46
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	998	1,856	\$ 154,558.72	\$ 83.28	.371	\$ 154.87	\$ 30.87
CLINIC	59	303	5,538.82	18.28	.061	93.88	1.11
SURGICENTER	4	18	612.18	34.01	.004	153.05	.12
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	953	1,535	148,407.72	96.68	.307	155.73	29.64

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,924
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

5,007 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	257	3,290	\$ 98,483.44	\$ 29.93	.657	\$ 383.20	\$ 19.67
DURABLE MED. EQUIP.	18	68	32,199.13	473.52	.014	1788.84	6.43
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2	143.73	71.87	.000	143.73	.03
MEDICAL TRANSPORTATION	33	1,097	32,577.62	29.70	.219	987.20	6.51
AMBULANCES/AIR TRANS	32	1,083	16,879.77	15.59	.216	527.49	3.37
OTHER TRANS	1	5	22.85	4.57	.001	22.85	.00
OTHER SERVICES	9	9	15,675.00	1741.67	.002	1741.67	3.13
ACUPUNCTURE	24	61	1,021.85	16.75	.012	42.58	.20
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	15	15	1,185.00	79.00	.003	79.00	.24
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	2	13	194.84	14.99	.003	97.42	.04
OPTICIAN	41	97	963.84	9.94	.019	23.51	.19
PHYSICAL THERAPIST	1	4	69.75	17.44	.001	69.75	.01
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	9	20	2,773.87	138.69	.004	308.21	.55
PROSTHETICS	8	19	2,685.18	141.33	.004	335.65	.54
ORTHOTICS	1	1	88.69	88.69	.000	88.69	.02
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	18	90	2,912.98	32.37	.018	161.83	.58
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	100	1,822		19,354.16	10.62	.364	193.54	3.87
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1		5,086.67	5086.67	.000	5086.67	1.02
@CALIF. CHILDREN SERVICES*	48	167	\$	58,974.40	\$ 353.14	.033	\$ 1228.63	\$ 11.78
@XOVER EXCLUDING STATE HOSP**	1	3	\$	70.84	\$ 23.61	.001	\$ 70.84	\$.01

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 6,925

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MENDOCINO COUNTY

SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS

AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,927
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
MENDOCINO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS

PAGE 6,928
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODES			
				----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 6,929

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MENDOCINO COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$	.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$	.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	0	0	.00	.00	.000		.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,930
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$	.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$	.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$	.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$	.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$	.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,931
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00
XO AND OTHERS	0	0		.00		.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$.00
CLINIC	0	0		.00		.00	.000	.00
SURGICENTER	0	0		.00		.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,933
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 62 IRCA ALIENS	AID CODES 51 52 56	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$.00	.000	\$.00
@PHYSICIANS SERVICES	0	0 \$	.00	\$.00	.000	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00
OFFICE VISITS	0	0	.00	.00	.000	.00
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
PSYCHIATRY	0	0	.00	.00	.000	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 62 IRCA ALIENS							
				AID CODES 51 52 56				

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$.00	.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,935
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 62 IRCA ALIENS						
	AID CODES 51 52 56						

					----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,936	
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03	
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 62 IRCA ALIENS						AID CODES 51 52 56	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	0	0	\$	.00	.000	\$	.00
DURABLE MED. EQUIP.	0	0		.00	.000	.00	.00	
BLOOD BANK	0	0		.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0		.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0		.00	.000	.00	.00	
AMBULANCES/AIR TRANS	0	0		.00	.000	.00	.00	
OTHER TRANS	0	0		.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.000	.00	.00	
ACUPUNCTURE	0	0		.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0		.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.000	.00	.00	
OPTICIAN	0	0		.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0		.00	.000	.00	.00	
PORTABLE X-RAY	0	0		.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.000	.00	.00	
ORTHOTICS	0	0		.00	.000	.00	.00	
PSYCHOLOGIST	0	0		.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0		.00	.000	.00	.00	
HOSPICE SERVICES	0	0		.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0		.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.000	.00	.00	
ALL OTHER PROVIDERS	0	0		.00	.000	.00	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.000	\$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,937
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MENDOCINO COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

1,495 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	633	5,298	\$ 314,837.61	\$ 59.43	3.544	\$ 497.37	\$ 210.59
@PHYSICIANS SERVICES	212	574	\$ 34,383.10	\$ 59.90	.384	\$ 162.18	\$ 23.00
OUTPATIENT VISITS	50	135	5,937.62	43.98	.090	118.75	3.97
OFFICE VISITS	7	12	512.98	42.75	.008	73.28	.34
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	208.81	52.20	.003	52.20	.14
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	40	119	5,215.83	43.83	.080	130.40	3.49
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	37	72	3,417.54	47.47	.048	92.37	2.29
HOSPITAL VISITS	36	70	3,126.06	44.66	.047	86.84	2.09
CRITICAL CARE	2	2	291.48	145.74	.001	145.74	.19
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	31	133	17,002.04	127.83	.089	548.45	11.37
PRINCIPAL SURGEON	19	22	14,161.11	643.69	.015	745.32	9.47
ASSISTANT SURGEON	3	3	546.88	182.29	.002	182.29	.37
ANESTHESIOLOGIST	12	108	2,294.05	21.24	.072	191.17	1.53
OUTPATIENT SURGERY	12	56	2,477.84	44.25	.037	206.49	1.66
PRINCIPAL SURGEON	7	7	1,511.30	215.90	.005	215.90	1.01

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	49	966.54	19.73	.033	161.09	.65
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	23	45	843.39	18.74	.030	36.67	.56
RADIOLOGY	96	121	3,985.83	32.94	.081	41.52	2.67
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.52	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	11	12	718.32	59.86	.008	65.30	.48
@PHARMACY	143	286	\$ 10,469.69	\$ 36.61	.191	\$ 73.21	\$ 7.00
PRESCRIPTION DRUGS	134	251	8,464.96	33.72	.168	63.17	5.66
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	134	251	8,464.96	33.72	.168	63.17	5.66
MEDICAL SUPPLIES	15	35	2,004.73	57.28	.023	133.65	1.34
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

PAGE 6,938 01/17/03

1,495 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	12	12	\$ 328.68	\$ 27.39	.008	\$ 27.39	\$.22
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	1	1	\$ 671.64	\$ 671.64	.001	\$ 671.64	\$.45
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	364	2,109	\$ 245,559.78	\$ 116.43	1.411	\$ 674.61	\$ 164.25
HOSP INPATIENT TOTAL	32	106	201,425.20	1900.24	.071	6294.54	134.73
HSC HOSPITALS	2	3	3,985.00	1328.33	.002	1992.50	2.67
NON-HSC HOSPITAL TOTAL	30	103	197,440.20	1916.90	.069	6581.34	132.07
ACCOMMODATIONS	27	103	73,848.09	716.97	.069	2735.11	49.40

ADMINISTRATIVE DAYS	0	0	66.39CR	.00	.000	.00	.04CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	27	103	73,914.48	717.62	.069	2737.57	49.44
ANCILLARIES	30	0	123,592.11	.00	.000	4119.74	82.67
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	346	2,003	44,134.58	22.03	1.340	127.56	29.52
MEDICAL	85	130	6,870.05	52.85	.087	80.82	4.60
SURGERY	21	25	1,158.45	46.34	.017	55.16	.77
PATHOLOGY	175	581	5,984.88	10.30	.389	34.20	4.00
RADIOLOGY	82	91	4,944.08	54.33	.061	60.29	3.31
ROOM USE	137	213	7,789.66	36.57	.142	56.86	5.21
CROSSOVERS/ALL OTH OUTPTNT	125	963	17,387.46	18.06	.644	139.10	11.63
@COUNTY HOSPITAL TOTAL	0	0	\$ 290.32	\$.00	.000	\$.00	\$.19
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	290.32	.00	.000	.00	.19
MEDICAL	0	0	43.30	.00	.000	.00	.03
SURGERY	0	0	51.95	.00	.000	.00	.03
PATHOLOGY	0	0	5.49	.00	.000	.00	.00
RADIOLOGY	0	0	22.69	.00	.000	.00	.02
ROOM USE	0	0	146.77	.00	.000	.00	.10
CROSSOVERS/ALL OTH OUTPTNT	0	0	20.12	.00	.000	.00	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,939
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

	1,495 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	364	2,109	\$	245,269.46	\$ 116.30	1.411	\$ 673.82	\$ 164.06
COMM HOSP INPATIENT TOTAL	32	106		201,425.20	1900.24	.071	6294.54	134.73
HSC HOSPITALS	2	3		3,985.00	1328.33	.002	1992.50	2.67
NON-HSC HOSPITALS TOTAL	30	103		197,440.20	1916.90	.069	6581.34	132.07
ACCOMMODATIONS	27	103		73,848.09	716.97	.069	2735.11	49.40
ADMINISTRATIVE DAYS	0	0		66.39CR	.00	.000	.00	.04CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	27	103		73,914.48	717.62	.069	2737.57	49.44
ANCILLARIES	30	0		123,592.11	.00	.000	4119.74	82.67
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	346	2,003		43,844.26	21.89	1.340	126.72	29.33
MEDICAL	85	130		6,826.75	52.51	.087	80.31	4.57
SURGERY	21	25		1,106.50	44.26	.017	52.69	.74
PATHOLOGY	175	581		5,979.39	10.29	.389	34.17	4.00
RADIOLOGY	82	91		4,921.39	54.08	.061	60.02	3.29
ROOM USE	137	213		7,642.89	35.88	.142	55.79	5.11
CROSSOVERS/ALL OTH OUTPTNT	125	963		17,367.34	18.03	.644	138.94	11.62
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	58	126	\$	2,621.33	\$	20.80	.084	\$ 45.20 \$ 1.75
PATHOLOGY	58	126		2,621.33		20.80	.084	45.20 1.75
XO AND OTHERS	0	0		.00		.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	108	167	\$	17,532.21	\$	104.98	.112	\$ 162.34 \$ 11.73
CLINIC	2	4		191.15		47.79	.003	95.58 .13
SURGICENTER	0	0		.00		.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00
RURAL HEALTH CLINIC	106	163		17,341.06		106.39	.109	163.59 11.60

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,940
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

	1,495 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	27		2,023	\$ 3,271.18	\$ 1.62	1.353	\$ 121.15	\$ 2.19
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0		0	29.64	.00	.000	.00	.02
AMBULANCES/AIR TRANS	0		0	29.64	.00	.000	.00	.02
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	21		21	1,942.00	92.48	.014	92.48	1.30
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	0		0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2		2	177.38	88.69	.001	88.69	.12
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	2		2	177.38	88.69	.001	88.69	.12
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	2,000		1,122.16	.56	1.338	224.43	.75
@CALIF. CHILDREN SERVICES*	9	25	\$	1,559.55	\$ 62.38	.017	\$ 173.28	\$ 1.04
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 6,941

MOP024

FEE-FOR-SERVICE/DENTAL

01/17/03

MENDOCINO COUNTY

SUMMARY OF SERVICES FOR 64 REFUGEES

AID CODES 01 02 08

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$ 17.32	\$.00	.000	\$	.00	\$ 5.77
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$	.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	0	0	.00	.00	.000		.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000		.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$	.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000		.00	.00
ORAL SURGERY	0	0	.00	.00	.000		.00	.00
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,942
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 64 REFUGEES AID CODES 01 02 08

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	11.52	\$	.00	.000	\$	.00	\$	3.84
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		11.52		.00	.000		.00		3.84
MEDICAL	0	0		7.91		.00	.000		.00		2.64
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		3.61		.00	.000		.00		1.20
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 6,943
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 64 REFUGEES										AID CODES 01 02 08

						----- MONTHLY AVERAGE -----		
03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$ 11.52	\$.00	.000	\$.00	\$ 3.84	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	11.52	.00	.000	.00	3.84	
MEDICAL	0	0	7.91	.00	.000	.00	2.64	

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	3.61	.00	.000	.00	1.20
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ 5.80	\$.00	.000	\$.00	\$ 1.93
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	5.80	.00	.000	.00	1.93

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,944
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 64 REFUGEES AID CODES 01 02 08

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,945
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL	AID CODES 0M 0N

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	21	290	\$ 12,513.27	\$ 43.15	15.263	\$ 595.87	\$ 658.59
@PHYSICIANS SERVICES	14	62	\$ 3,245.21	\$ 52.34	3.263	\$ 231.80	\$ 170.80
OUTPATIENT VISITS	4	5	283.02	56.60	.263	70.76	14.90
OFFICE VISITS	4	4	227.90	56.98	.211	56.98	11.99
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	55.12	55.12	.053	55.12	2.90
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	14	881.29	62.95	.737	440.65	46.38
PRINCIPAL SURGEON	1	1	705.88	705.88	.053	705.88	37.15
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	13	175.41	13.49	.684	175.41	9.23
OUTPATIENT SURGERY	7	24	1,298.55	54.11	1.263	185.51	68.34
PRINCIPAL SURGEON	6	7	984.44	140.63	.368	164.07	51.81
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	17	314.11	18.48	.895	314.11	16.53
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	11	594.86	54.08	.579	148.72	31.31
RADIOLOGY	6	8	187.49	23.44	.421	31.25	9.87
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	15	55	\$ 3,454.56	\$ 62.81	2.895	\$ 230.30	\$ 181.82
PRESCRIPTION DRUGS	15	55	3,454.56	62.81	2.895	230.30	181.82
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	15	55	3,454.56	62.81	2.895	230.30	181.82

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,946
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL						AID CODES 0M 0N

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	11	72	\$ 2,943.39	\$ 40.88	3.789	\$ 267.58	\$ 154.92
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	11	72	2,943.39	40.88	3.789	267.58	154.92
MEDICAL	1	1	14.32	14.32	.053	14.32	.75
SURGERY	2	2	155.35	77.68	.105	77.68	8.18
PATHOLOGY	5	34	579.93	17.06	1.789	115.99	30.52
RADIOLOGY	9	15	1,584.07	105.60	.789	176.01	83.37
ROOM USE	3	8	483.73	60.47	.421	161.24	25.46

CROSSTOVERS/ALL OTH OUTPTNT	3	12		125.99		10.50	.632	42.00	6.63
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSTOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,947
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL AID CODES 0M 0N

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11	72	\$ 2,943.39	\$ 40.88	3.789	\$ 267.58	\$ 154.92
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11	72	2,943.39	40.88	3.789	267.58	154.92
MEDICAL	1	1	14.32	14.32	.053	14.32	.75
SURGERY	2	2	155.35	77.68	.105	77.68	8.18
PATHOLOGY	5	34	579.93	17.06	1.789	115.99	30.52
RADIOLOGY	9	15	1,584.07	105.60	.789	176.01	83.37
ROOM USE	3	8	483.73	60.47	.421	161.24	25.46
CROSSOVERS/ALL OTH OUTPTNT	3	12	125.99	10.50	.632	42.00	6.63
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	4	\$ 315.40	\$ 78.85	.211	\$ 157.70	\$ 16.60
PATHOLOGY	2	4	315.40	78.85	.211	157.70	16.60
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	10	21	\$ 1,572.25	\$ 74.87	1.105	\$ 157.23	\$ 82.75
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	10	21	1,572.25	74.87	1.105	157.23	82.75
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
MOP024	FEE-FOR-SERVICE/DENTAL						
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL						
				AID CODES 0M 0N			
				----- MONTHLY AVERAGE -----			
19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6	76	\$ 982.46	\$ 12.93	4.000	\$ 163.74	\$ 51.71
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	6	76	982.46	12.93	4.000	163.74	51.71
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,949
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY	AID CODES OR OT	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
MENDOCINO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY

PAGE 6,950
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,951
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY AID CODES OR OT

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00 \$
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00 \$
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00 \$
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY							

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,953
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL		

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	21	290	\$ 12,513.27	\$ 43.15	15.263	\$ 595.87	\$ 658.59
@PHYSICIANS SERVICES	14	62	\$ 3,245.21	\$ 52.34	3.263	\$ 231.80	\$ 170.80
OUTPATIENT VISITS	4	5	283.02	56.60	.263	70.76	14.90
OFFICE VISITS	4	4	227.90	56.98	.211	56.98	11.99
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	55.12	55.12	.053	55.12	2.90
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	14	881.29	62.95	.737	440.65	46.38
PRINCIPAL SURGEON	1	1	705.88	705.88	.053	705.88	37.15
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	13	175.41	13.49	.684	175.41	9.23
OUTPATIENT SURGERY	7	24	1,298.55	54.11	1.263	185.51	68.34
PRINCIPAL SURGEON	6	7	984.44	140.63	.368	164.07	51.81

ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	1	17		314.11		18.48	.895	314.11	16.53
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	4	11		594.86		54.08	.579	148.72	31.31
RADIOLOGY	6	8		187.49		23.44	.421	31.25	9.87
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	.00
@PHARMACY	15	55	\$	3,454.56	\$	62.81	2.895	\$ 230.30	\$ 181.82
PRESCRIPTION DRUGS	15	55		3,454.56		62.81	2.895	230.30	181.82
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	15	55		3,454.56		62.81	2.895	230.30	181.82
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,954
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	11	72	\$ 2,943.39	\$ 40.88	3.789	\$ 267.58	\$ 154.92
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	11	72	2,943.39	40.88	3.789	267.58	154.92
MEDICAL	1	1	14.32	14.32	.053	14.32	.75
SURGERY	2	2	155.35	77.68	.105	77.68	8.18
PATHOLOGY	5	34	579.93	17.06	1.789	115.99	30.52
RADIOLOGY	9	15	1,584.07	105.60	.789	176.01	83.37
ROOM USE	3	8	483.73	60.47	.421	161.24	25.46
CROSSOVERS/ALL OTH OUTPTNT	3	12	125.99	10.50	.632	42.00	6.63
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,955
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

	19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11	72	\$	2,943.39	\$ 40.88	3.789	\$ 267.58	\$ 154.92
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11	72		2,943.39	40.88	3.789	267.58	154.92
MEDICAL	1	1		14.32	14.32	.053	14.32	.75
SURGERY	2	2		155.35	77.68	.105	77.68	8.18
PATHOLOGY	5	34		579.93	17.06	1.789	115.99	30.52
RADIOLOGY	9	15		1,584.07	105.60	.789	176.01	83.37
ROOM USE	3	8		483.73	60.47	.421	161.24	25.46
CROSSOVERS/ALL OTH OUTPTNT	3	12		125.99	10.50	.632	42.00	6.63
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	2	4	\$	315.40	\$	78.85	.211	\$ 157.70	\$ 16.60
PATHOLOGY	2	4		315.40		78.85	.211	157.70	16.60
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	10	21	\$	1,572.25	\$	74.87	1.105	\$ 157.23	\$ 82.75
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	10	21		1,572.25		74.87	1.105	157.23	82.75

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,956
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6	76	\$ 982.46	\$ 12.93	4.000	\$ 163.74	\$ 51.71
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	6	76	982.46	12.93	4.000	163.74	51.71
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 6,957

MOP024

FEE-FOR-SERVICE/DENTAL

01/17/03

MENDOCINO COUNTY

SUMMARY OF SERVICES FOR 68 QMB - ONLY

AID CODE

214 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	44	140	\$ 3,637.39	\$ 25.98	.654	\$ 82.67	\$ 17.00
@PHYSICIANS SERVICES	12	14	\$ 156.15	\$ 11.15	.065	\$ 13.01	\$.73
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	12	14		156.15	11.15	.065	13.01	.73
@PHARMACY	9	51	\$	752.08	\$ 14.75	.238	\$ 83.56	\$ 3.51
PRESCRIPTION DRUGS	0	1		28.24CR	28.24CR	.005	.00	.13CR
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	1		28.24CR	28.24CR	.005	.00	.13CR
MEDICAL SUPPLIES	9	50		780.32	15.61	.234	86.70	3.65
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,958
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 68 QMB - ONLY AID CODE

214 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	4 \$	22.74	\$ 5.69	.019	\$ 5.69	\$.11
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	4	22.74	5.69	.019	5.69	.11
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	6	14	\$	1,046.03	\$	74.72	.065	\$	174.34	\$	4.89
HOSP INPATIENT TOTAL	1	3		812.00		270.67	.014		812.00		3.79
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	3		812.00		270.67	.014		812.00		3.79
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5	11		234.03		21.28	.051		46.81		1.09
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	5	11		234.03		21.28	.051		46.81		1.09
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 6,959
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 68 QMB - ONLY										

214 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	14	\$ 1,046.03	\$ 74.72	.065	\$ 174.34	\$ 4.89
COMM HOSP INPATIENT TOTAL	1	3	812.00	270.67	.014	812.00	3.79
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	3	812.00	270.67	.014	812.00	3.79
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	11	234.03	21.28	.051	46.81	1.09
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	5	11	234.03	21.28	.051	46.81	1.09
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2	0	\$ 686.50	\$.00	.000	\$ 343.25	\$ 3.21
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2	0	686.50	.00	.000	343.25	3.21
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$ 12.00	\$ 12.00	.005	\$ 12.00	\$.06
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1	12.00	12.00	.005	12.00	.06

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,960
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 68 QMB - ONLY AID CODE

214 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	23	56	\$ 961.89	\$ 17.18	.262	\$ 41.82	\$ 4.49
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	5	50.40	10.08	.023	50.40	.24
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	5	50.40	10.08	.023	50.40	.24
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	22	51	911.49	17.87	.238	41.43	4.26
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	44	136	\$ 3,665.63	\$ 26.95	.636	\$ 83.31	\$ 17.13

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 6,961

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MENDOCINO COUNTY SUMMARY OF SERVICES FOR 69 133% PROGRAM

AID CODES 72 74 8N

					----- MONTHLY AVERAGE -----			
3,144 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	1,191	3,520	\$ 200,209.19	\$ 56.88	1.120	\$ 168.10	\$ 63.68	
@PHYSICIANS SERVICES	98	276	\$ 8,826.57	\$ 31.98	.088	\$ 90.07	\$ 2.81	
OUTPATIENT VISITS	48	67	2,084.45	31.11	.021	43.43	.66	
OFFICE VISITS	46	65	2,004.38	30.84	.021	43.57	.64	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	2	2	68.98	34.49	.001	34.49	.02	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	11.09	.00	.000	.00	.00	
INPATIENT VISITS	4	14	527.50	37.68	.004	131.88	.17	
HOSPITAL VISITS	4	14	527.50	37.68	.004	131.88	.17	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	4	19	1,633.93	86.00	.006	408.48	.52	
PRINCIPAL SURGEON	3	3	1,326.19	442.06	.001	442.06	.42	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	2	16	307.74	19.23	.005	153.87	.10	
OUTPATIENT SURGERY	18	106	2,906.46	27.42	.034	161.47	.92	
PRINCIPAL SURGEON	8	8	950.63	118.83	.003	118.83	.30	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	11	98	1,955.83	19.96	.031	177.80	.62	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	9	10	259.25	25.93	.003	28.81	.08	
RADIOLOGY	24	40	896.26	22.41	.013	37.34	.29	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	1	4	52.00	13.00	.001	52.00	.02	
OTHER SERVICES/ALL X-OVERS	8	16	466.72	29.17	.005	58.34	.15	
@PHARMACY	403	663	\$ 12,218.42	\$ 18.43	.211	\$ 30.32	\$ 3.89	
PRESCRIPTION DRUGS	401	653	11,896.40	18.22	.208	29.67	3.78	
SNF/ICF	0	0	.00	.00	.000	.00	.00	
OUTPATIENTS	401	653	11,896.40	18.22	.208	29.67	3.78	

MEDICAL SUPPLIES	5	10		322.02		32.20	.003	64.40		.10
@DENTIST	60	410	\$	13,755.62	\$	33.55	.130	229.26	\$	4.38
VISITS - DIAGNOSTIC	46	182		2,713.62		14.91	.058	58.99		.86
ORAL SURGERY	15	42		1,483.00		35.31	.013	98.87		.47
DRUGS	13	18		247.00		13.72	.006	19.00		.08
ANESTHESIA	3	3		300.00		100.00	.001	100.00		.10
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	13	32		1,572.00		49.13	.010	120.92		.50
RESTORATIVE DENTISTRY	27	132		7,180.00		54.39	.042	265.93		2.28
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		120.00		.00	.000	.00		.04
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	1	1		140.00		140.00	.000	140.00		.04
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 6,962	
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03	
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 69 133% PROGRAM								AID CODES 72 74 8N	

						----- MONTHLY AVERAGE -----		
3,144 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	2	\$	71.45	\$ 35.73	.001	\$ 35.73	\$.02
DIAGNOSTIC AND ANC. PROCED	1	1		47.45	47.45	.000	47.45	.02
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	1	1		24.00	24.00	.000	24.00	.01
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	2	\$	149.72	\$ 74.86	.001	\$ 149.72	\$.05
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	4	5	\$	207.94	\$ 41.59	.002	\$ 51.99	\$.07
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	186	630	\$	62,965.90	\$ 99.95	.200	\$ 338.53	\$ 20.03
HOSP INPATIENT TOTAL	6	26		41,125.34	1581.74	.008	6854.22	13.08
HSC HOSPITALS	3	18		29,340.00	1630.00	.006	9780.00	9.33
NON-HSC HOSPITAL TOTAL	3	8		11,785.34	1473.17	.003	3928.45	3.75
ACCOMMODATIONS	3	8		4,885.64	610.71	.003	1628.55	1.55
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	8		4,885.64	610.71	.003	1628.55	1.55
ANCILLARIES	3	0		6,899.70	.00	.000	2299.90	2.19
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	182	604		21,840.56	36.16	.192	120.00	6.95
MEDICAL	106	147		7,276.26	49.50	.047	68.64	2.31
SURGERY	19	22		2,111.68	95.99	.007	111.14	.67
PATHOLOGY	74	168		1,820.67	10.84	.053	24.60	.58
RADIOLOGY	21	30		1,478.99	49.30	.010	70.43	.47
ROOM USE	116	152		7,882.96	51.86	.048	67.96	2.51
CROSSOVERS/ALL OTH OUTPTNT	63	85		1,270.00	14.94	.027	20.16	.40
@COUNTY HOSPITAL TOTAL	1	2	\$	85.67	\$ 42.84	.001	\$ 85.67	\$.03
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2		85.67	42.84	.001	85.67	.03
MEDICAL	1	1		35.42	35.42	.000	35.42	.01
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	1		50.25	50.25	.000	50.25	.02
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 69 133% PROGRAM AID CODES 72 74 8N

	3,144 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	185	628	\$	62,880.23	\$ 100.13	.200	\$ 339.89	\$ 20.00
COMM HOSP INPATIENT TOTAL	6	26		41,125.34	1581.74	.008	6854.22	13.08
HSC HOSPITALS	3	18		29,340.00	1630.00	.006	9780.00	9.33
NON-HSC HOSPITALS TOTAL	3	8		11,785.34	1473.17	.003	3928.45	3.75
ACCOMMODATIONS	3	8		4,885.64	610.71	.003	1628.55	1.55
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	3	8	4,885.64	610.71	.003	1628.55	1.55
ANCILLARIES	3	0	6,899.70	.00	.000	2299.90	2.19
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	181	602	21,754.89	36.14	.191	120.19	6.92
MEDICAL	105	146	7,240.84	49.59	.046	68.96	2.30
SURGERY	19	22	2,111.68	95.99	.007	111.14	.67
PATHOLOGY	74	168	1,820.67	10.84	.053	24.60	.58
RADIOLOGY	21	30	1,478.99	49.30	.010	70.43	.47
ROOM USE	115	151	7,832.71	51.87	.048	68.11	2.49
CROSSOVERS/ALL OTH OUTPTNT	63	85	1,270.00	14.94	.027	20.16	.40
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	11	19	242.54	12.77	.006	22.05	.08
PATHOLOGY	11	19	242.54	12.77	.006	22.05	.08
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	706	1,052	92,752.08	88.17	.335	131.38	29.50
CLINIC	4	4	361.81	90.45	.001	90.45	.12
SURGICENTER	3	15	597.72	39.85	.005	199.24	.19
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	704	1,033	91,792.55	88.86	.329	130.39	29.20

#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 69 133% PROGRAM

PAGE 6,964
 01/17/03

	3,144 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	62	461	\$	9,018.95	\$ 19.56	.147	\$ 145.47	\$ 2.87
DURABLE MED. EQUIP.	3	3		322.30	107.43	.001	107.43	.10
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	192		5,022.64	26.16	.061	1255.66	1.60
AMBULANCES/AIR TRANS	4	191		3,222.64	16.87	.061	805.66	1.03
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		1,800.00	1800.00	.000	1800.00	.57
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	4	840.50	210.13	.001	420.25	.27
PROSTHETICS	2	4	840.50	210.13	.001	420.25	.27
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	110.19	55.10	.001	110.19	.04
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	52	260	2,723.32	10.47	.083	52.37	.87
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	12	213	\$ 36,259.46	\$ 170.23	.068	\$ 3021.62	\$ 11.53
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,965
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM	AID CODES 7A 7C 8R	

2,526 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	941	4,115	\$ 338,454.89	\$ 82.25	1.629	\$ 359.68	\$ 133.99
@PHYSICIANS SERVICES	108	376	\$ 22,783.71	\$ 60.59	.149	\$ 210.96	\$ 9.02
OUTPATIENT VISITS	33	44	1,653.94	37.59	.017	50.12	.65
OFFICE VISITS	25	35	1,068.75	30.54	.014	42.75	.42
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6	6	271.13	45.19	.002	45.19	.11
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	2	252.62	126.31	.001	126.31	.10
OTHER OUTPATIENT	1	1	61.44	61.44	.000	61.44	.02
INPATIENT VISITS	11	88	6,144.56	69.82	.035	558.60	2.43
HOSPITAL VISITS	11	51	2,579.54	50.58	.020	234.50	1.02
CRITICAL CARE	5	28	3,191.51	113.98	.011	638.30	1.26
SNF/ICF/TRANS IP CARE	2	9	373.51	41.50	.004	186.76	.15
OPHTHALMOLOGICAL SERVICES	2	2	89.05	44.53	.001	44.53	.04
EXAMINATIONS	2	2	89.05	44.53	.001	44.53	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	9	50	7,119.83	142.40	.020	791.09	2.82
PRINCIPAL SURGEON	7	13	6,132.06	471.70	.005	876.01	2.43
ASSISTANT SURGEON	1	1	478.50	478.50	.000	478.50	.19
ANESTHESIOLOGIST	3	36	509.27	14.15	.014	169.76	.20
OUTPATIENT SURGERY	15	53	3,379.43	63.76	.021	225.30	1.34
PRINCIPAL SURGEON	13	16	2,557.16	159.82	.006	196.70	1.01
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	37	822.27	22.22	.015	137.05	.33
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	8	13	391.28	30.10	.005	48.91	.15
RADIOLOGY	54	104	3,424.54	32.93	.041	63.42	1.36
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	12	22		581.08		26.41	.009	48.42	.23
@PHARMACY	286	526	\$	30,006.77	\$	57.05	.208	\$ 104.92	\$ 11.88
PRESCRIPTION DRUGS	286	484		29,644.63		61.25	.192	103.65	11.74
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	286	484		29,644.63		61.25	.192	103.65	11.74
MEDICAL SUPPLIES	4	42		362.14		8.62	.017	90.54	.14
@DENTIST	50	182	\$	6,009.00	\$	33.02	.072	\$ 120.18	\$ 2.38
VISITS - DIAGNOSTIC	34	124		1,924.00		15.52	.049	56.59	.76
ORAL SURGERY	8	21		2,418.00		115.14	.008	302.25	.96
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	3	3		300.00		100.00	.001	100.00	.12
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	1	1		71.00		71.00	.000	71.00	.03
RESTORATIVE DENTISTRY	17	31		1,146.00		36.97	.012	67.41	.45
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	2		150.00		75.00	.001	150.00	.06
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
MOP024	FEE-FOR-SERVICE/DENTAL								
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM								
					AID CODES 7A 7C 8R				
----- MONTHLY AVERAGE -----									
2,526 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER		COST PER ELIGIBLE
@OPTOMETRIST	20	53	\$	1,194.61	\$ 22.54	.021	\$ 59.73	\$	.47
DIAGNOSTIC AND ANC. PROCED	13	13		616.51	47.42	.005	47.42		.24
EYE APPLIANCES	15	40		578.10	14.45	.016	38.54		.23
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	2	3	\$	29.26	\$ 9.75	.001	\$ 14.63	\$	.01
VISITS	2	3		29.26	9.75	.001	14.63		.01
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	0	0		.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	2	3	\$	173.70	\$ 57.90	.001	\$ 86.85	\$	.07
NURSE ANESTHESIST	1	4	\$	92.79	\$ 23.20	.002	\$ 92.79	\$	.04
NURSE MIDWIFE	9	11	\$	1,385.74	\$ 125.98	.004	\$ 153.97	\$	.55
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$	.00
FAMILY NURSE PRACTITIONER	1	1	\$	57.20	\$ 57.20	.000	\$ 57.20	\$	.02
@TOTAL HOSPITAL	198	856	\$	177,305.28	\$ 207.13	.339	\$ 895.48	\$	70.19
HOSP INPATIENT TOTAL	9	48		153,765.75	3203.45	.019	17085.08		60.87
HSC HOSPITALS	2	7		9,600.00	1371.43	.003	4800.00		3.80
NON-HSC HOSPITAL TOTAL	7	41		144,165.75	3516.24	.016	20595.11		57.07
ACCOMMODATIONS	7	41		35,029.15	854.37	.016	5004.16		13.87
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	7	41		35,029.15	854.37	.016	5004.16		13.87
ANCILLARIES	7	0		109,136.60	.00	.000	15590.94		43.21
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00

HOSP OUTPATIENT TOTAL	194	808	23,539.53	29.13	.320	121.34	9.32	
MEDICAL	96	121	5,973.32	49.37	.048	62.22	2.36	
SURGERY	19	23	1,402.88	60.99	.009	73.84	.56	
PATHOLOGY	92	262	2,879.39	10.99	.104	31.30	1.14	
RADIOLOGY	43	56	2,872.15	51.29	.022	66.79	1.14	
ROOM USE	106	132	6,339.02	48.02	.052	59.80	2.51	
CROSSEOVERS/ALL OTH OUTPTNT	61	214	4,072.77	19.03	.085	66.77	1.61	
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,967	
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03	
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM						AID CODES 7A 7C 8R	
	2,526 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
			OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	198	856	\$	177,305.28	\$ 207.13	.339	\$ 895.48	\$ 70.19

COMM HOSP INPATIENT TOTAL	9	48		153,765.75	3203.45	.019	17085.08	60.87
HSC HOSPITALS	2	7		9,600.00	1371.43	.003	4800.00	3.80
NON-HSC HOSPITALS TOTAL	7	41		144,165.75	3516.24	.016	20595.11	57.07
ACCOMMODATIONS	7	41		35,029.15	854.37	.016	5004.16	13.87
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	41		35,029.15	854.37	.016	5004.16	13.87
ANCILLARIES	7	0		109,136.60	.00	.000	15590.94	43.21
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	194	808		23,539.53	29.13	.320	121.34	9.32
MEDICAL	96	121		5,973.32	49.37	.048	62.22	2.36
SURGERY	19	23		1,402.88	60.99	.009	73.84	.56
PATHOLOGY	92	262		2,879.39	10.99	.104	31.30	1.14
RADIOLOGY	43	56		2,872.15	51.29	.022	66.79	1.14
ROOM USE	106	132		6,339.02	48.02	.052	59.80	2.51
CROSSOVERS/ALL OTH OUTPTNT	61	214		4,072.77	19.03	.085	66.77	1.61
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1	25	\$	13,828.75	553.15	.010	13828.75	5.47
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	25		13,828.75	553.15	.010	13828.75	5.47
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	3	9	\$	167.40	18.60	.004	55.80	.07
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	3	9		167.40	18.60	.004	55.80	.07
@LABORATORY FACILITY	37	75	\$	1,792.57	23.90	.030	48.45	.71
PATHOLOGY	37	75		1,792.57	23.90	.030	48.45	.71
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	462	800	\$	68,439.90	85.55	.317	148.14	27.09
CLINIC	33	139		2,373.62	17.08	.055	71.93	.94
SURGICENTER	2	10		397.10	39.71	.004	198.55	.16
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	433	651		65,669.18	100.87	.258	151.66	26.00

#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 70 100% PROGRAM

AID CODES 7A 7C 8R

PAGE 6,968
01/17/03

	2,526 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	179		1,191	\$ 15,188.21	\$ 12.75	.471	\$ 84.85	\$ 6.01
DURABLE MED. EQUIP.	1		3	117.95	39.32	.001	117.95	.05
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7		407	5,041.55	12.39	.161	720.22	2.00

AMBULANCES/AIR TRANS	5	392	3,187.80	8.13	.155	637.56	1.26
OTHER TRANS	1	13	41.89	3.22	.005	41.89	.02
OTHER SERVICES	2	2	1,811.86	905.93	.001	905.93	.72
ACUPUNCTURE	43	99	1,659.83	16.77	.039	38.60	.66
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	210.00	105.00	.001	105.00	.08
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	22	54	724.07	13.41	.021	32.91	.29
PHYSICAL THERAPIST	3	31	421.16	13.59	.012	140.39	.17
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	168.00	168.00	.000	168.00	.07
PROSTHETICS	1	1	168.00	168.00	.000	168.00	.07
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	106	594	6,845.65	11.52	.235	64.58	2.71
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	26	134	\$ 142,824.80	\$ 1065.86	.053	\$ 5493.26	\$ 56.54
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,969
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	318	846	\$ 47,529.53	\$ 56.18	.000	\$ 149.46	\$.00
@PHYSICIANS SERVICES	147	275	\$ 16,549.65	\$ 60.18	.000	\$ 112.58	\$.00
OUTPATIENT VISITS	73	92	7,842.87	85.25	.000	107.44	.00
OFFICE VISITS	23	28	448.91	16.03	.000	19.52	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	56	64	7,393.96	115.53	.000	132.04	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	253.16	253.16	.000	253.16	.00
PRINCIPAL SURGEON	1	1	253.16	253.16	.000	253.16	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	16	44	1,995.15	45.34	.000	124.70	.00
PRINCIPAL SURGEON	10	10	1,389.06	138.91	.000	138.91	.00

ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	6	34		606.09		17.83	.000	101.02	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	65	65		1,673.26		25.74	.000	25.74	.00
RADIOLOGY	68	69		4,315.17		62.54	.000	63.46	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	4		470.04		117.51	.000	117.51	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	.00
@PHARMACY	8	13	\$	256.61	\$	19.74	.000	\$ 32.08	\$.00
PRESCRIPTION DRUGS	8	13		256.61		19.74	.000	32.08	.00
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	8	13		256.61		19.74	.000	32.08	.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,970
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
@TOTAL HOSPITAL	93	331	\$ 11,294.38	\$ 34.12	.000	\$ 121.44	\$.00	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	93	331	11,294.38	34.12	.000	121.44	.00
MEDICAL	28	28	703.46	25.12	.000	25.12	.00
SURGERY	7	7	614.74	87.82	.000	87.82	.00
PATHOLOGY	42	56	868.76	15.51	.000	20.68	.00
RADIOLOGY	11	11	888.84	80.80	.000	80.80	.00
ROOM USE	47	54	1,424.38	26.38	.000	30.31	.00
CROSSOVERS/ALL OTH OUTPTNT	29	175	6,794.20	38.82	.000	234.28	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,971
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	93	331	\$ 11,294.38	\$ 34.12	.000	\$ 121.44	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	93	331	11,294.38	34.12	.000	121.44	.00
MEDICAL	28	28	703.46	25.12	.000	25.12	.00
SURGERY	7	7	614.74	87.82	.000	87.82	.00
PATHOLOGY	42	56	868.76	15.51	.000	20.68	.00
RADIOLOGY	11	11	888.84	80.80	.000	80.80	.00
ROOM USE	47	54	1,424.38	26.38	.000	30.31	.00
CROSSOVERS/ALL OTH OUTPTNT	29	175	6,794.20	38.82	.000	234.28	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	50	82	\$	3,236.81	\$	39.47	.000	\$ 64.74	\$.00
PATHOLOGY	50	82		3,236.81		39.47	.000	64.74	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	71	134	\$	15,037.08	\$	112.22	.000	\$ 211.79	\$.00
CLINIC	4	16		901.00		56.31	.000	225.25	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	67	118		14,136.08		119.80	.000	210.99	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,972
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 MENDOCINO COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

	00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
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----- MONTHLY AVERAGE -----

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	11	11	\$	1,155.00	\$ 105.00	.000	\$ 105.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	11	11		1,155.00	105.00	.000	105.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,973
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

	01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1	5	\$	96.15	\$ 19.23	5.000	\$ 96.15	\$ 96.15
@PHYSICIANS SERVICES	0	0	\$	.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,974
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MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM						AID CODE
01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										
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						----- MONTHLY AVERAGE -----		
01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	.00	\$	.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00		.00	
HSC HOSPITALS	0	0		.00	.00		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00		.00	
ACCOMMODATIONS	0	0		.00	.00		.00	
ADMINISTRATIVE DAYS	0	0		.00	.00		.00	
TRANSITIONAL IP CARE	0	0		.00	.00		.00	
ALL OTHER ACCOM	0	0		.00	.00		.00	
ANCILLARIES	0	0		.00	.00		.00	
INPATIENT CROSSOVERS	0	0		.00	.00		.00	
ALL OTHER INPATIENT	0	0		.00	.00		.00	
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00		.00	
MEDICAL	0	0		.00	.00		.00	

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	5	\$ 96.15	\$ 19.23	5.000	\$ 96.15	\$ 96.15
CLINIC	1	5	96.15	19.23	5.000	96.15	96.15
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
MENDOCINO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
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SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

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01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

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329 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	311	3,211	\$ 170,337.40	\$ 53.05	9.760	\$ 547.71	\$ 517.74
@PHYSICIANS SERVICES	116	399	\$ 23,704.66	\$ 59.41	1.213	\$ 204.35	\$ 72.05
OUTPATIENT VISITS	16	26	1,728.62	66.49	.079	108.04	5.25
OFFICE VISITS	1	1	24.00	24.00	.003	24.00	.07
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	132.46	66.23	.006	66.23	.40
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	13	23	1,572.16	68.35	.070	120.94	4.78
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	18	38	1,583.71	41.68	.116	87.98	4.81

HOSPITAL VISITS	18	38		1,583.71	41.68	.116	87.98	4.81
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	16	117		11,139.03	95.21	.356	696.19	33.86
PRINCIPAL SURGEON	10	10		9,861.24	986.12	.030	986.12	29.97
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	107		1,277.79	11.94	.325	159.72	3.88
OUTPATIENT SURGERY	34	123		6,195.89	50.37	.374	182.23	18.83
PRINCIPAL SURGEON	23	24		4,147.56	172.82	.073	180.33	12.61
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	18	99		2,048.33	20.69	.301	113.80	6.23
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	34	45		992.26	22.05	.137	29.18	3.02
RADIOLOGY	29	31		1,310.09	42.26	.094	45.18	3.98
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	9		278.19	30.91	.027	139.10	.85
OTHER SERVICES/ALL X-OVERS	7	10		476.87	47.69	.030	68.12	1.45
@PHARMACY	54	112	\$	4,353.80	\$ 38.87	.340	\$ 80.63	\$ 13.23
PRESCRIPTION DRUGS	52	100		4,301.35	43.01	.304	82.72	13.07
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	52	100		4,301.35	43.01	.304	82.72	13.07
MEDICAL SUPPLIES	4	12		52.45	4.37	.036	13.11	.16
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

	329 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0		0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0	.00	.00	.000	.00	.00
EYE APPLIANCES	0		0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0		0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0		0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
@PODIATRIST	0		0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0	.00	.00	.000	.00	.00
SURGERY/ANES.	0		0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	7	8	\$	269.20	\$ 33.65	.024	\$ 38.46	\$.82
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	15	249	\$	5,428.87	\$ 21.80	.757	\$ 361.92	\$ 16.50
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	159	1,366	\$	118,390.79	\$ 86.67	4.152	\$ 744.60	\$ 359.85
HOSP INPATIENT TOTAL	22	77		92,120.55	1196.37	.234	4187.30	280.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	22	77		92,120.55	1196.37	.234	4187.30	280.00
ACCOMMODATIONS	21	77		41,223.52	535.37	.234	1963.02	125.30
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	21	77		41,223.52	535.37	.234	1963.02	125.30
ANCILLARIES	22	0		50,897.03	.00	.000	2313.50	154.70
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	147	1,289		26,270.24	20.38	3.918	178.71	79.85
MEDICAL	23	27		1,578.82	58.47	.082	68.64	4.80
SURGERY	27	28		1,802.99	64.39	.085	66.78	5.48
PATHOLOGY	85	265		2,528.29	9.54	.805	29.74	7.68
RADIOLOGY	16	16		1,002.37	62.65	.049	62.65	3.05
ROOM USE	86	166		7,542.03	45.43	.505	87.70	22.92
CROSSOVERS/ALL OTH OUTPTNT	86	787		11,815.74	15.01	2.392	137.39	35.91
@COUNTY HOSPITAL TOTAL	3	19	\$	513.55	\$ 27.03	.058	\$ 171.18	\$ 1.56
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	19		513.55	27.03	.058	171.18	1.56
MEDICAL	1	1		8.97	8.97	.003	8.97	.03
SURGERY	1	1		50.86	50.86	.003	50.86	.15
PATHOLOGY	2	7		177.06	25.29	.021	88.53	.54
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	2	3		209.07	69.69	.009	104.54	.64
CROSSOVERS/ALL OTH OUTPTNT	3	7		67.59	9.66	.021	22.53	.21

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

	329 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	157	1,347	\$	117,877.24	\$ 87.51	4.094	\$ 750.81	\$ 358.29
COMM HOSP INPATIENT TOTAL	22	77		92,120.55	1196.37	.234	4187.30	280.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	22	77		92,120.55	1196.37	.234	4187.30	280.00
ACCOMMODATIONS	21	77		41,223.52	535.37	.234	1963.02	125.30
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	21	77	41,223.52	535.37	.234	1963.02	125.30
ANCILLARIES	22	0	50,897.03	.00	.000	2313.50	154.70
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	145	1,270	25,756.69	20.28	3.860	177.63	78.29
MEDICAL	22	26	1,569.85	60.38	.079	71.36	4.77
SURGERY	26	27	1,752.13	64.89	.082	67.39	5.33
PATHOLOGY	83	258	2,351.23	9.11	.784	28.33	7.15
RADIOLOGY	16	16	1,002.37	62.65	.049	62.65	3.05
ROOM USE	84	163	7,332.96	44.99	.495	87.30	22.29
CROSSOVERS/ALL OTH OUTPTNT	83	780	11,748.15	15.06	2.371	141.54	35.71
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	26	57	1,609.94	28.24	.173	61.92	4.89
PATHOLOGY	26	57	1,609.94	28.24	.173	61.92	4.89
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	82	200	11,645.86	58.23	.608	142.02	35.40
CLINIC	19	104	3,593.85	34.56	.316	189.15	10.92
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	63	96	8,052.01	83.88	.292	127.81	24.47
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 6,980
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R						

						----- MONTHLY AVERAGE -----			
329 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	21	820	\$	4,934.28	\$ 6.02	2.492	\$ 234.97	\$ 15.00	
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00	
BLOOD BANK	0	0		.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	2	51		2,988.70	58.60	.155	1494.35	9.08	
AMBULANCES/AIR TRANS	2	50		1,188.70	23.77	.152	594.35	3.61	
OTHER TRANS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	1	1		1,800.00	1800.00	.003	1800.00	5.47	
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	15	15		1,411.00	94.07	.046	94.07	4.29	

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	1	4		79.93	19.98	.012	79.93	.24
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	750		454.65	.61	2.280	151.55	1.38
@CALIF. CHILDREN SERVICES*	1	1	\$	32.88	\$	32.88	.003	\$ 32.88
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,981
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 74 FOR FUTURE USE		

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,982
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 MENDOCINO COUNTY SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 6,983
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 74 FOR FUTURE USE										

						----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00		

COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	\$	.000	\$	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	\$	.000	\$	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	\$	.000	\$	\$
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	\$	.000	\$	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	\$	.000	\$	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	\$	.000	\$	\$
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	\$	.000	\$	\$
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

PAGE 6,984 01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,985
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC	AID CODES 6N	

156 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	65	281	\$ 14,969.28	\$ 53.27	1.801	\$ 230.30	\$ 95.96
@PHYSICIANS SERVICES	9	15	\$ 791.42	\$ 52.76	.096	\$ 87.94	\$ 5.07
OUTPATIENT VISITS	4	5	206.66	41.33	.032	51.67	1.32
OFFICE VISITS	4	4	160.94	40.24	.026	40.24	1.03
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	45.72	45.72	.006	45.72	.29
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	4	344.14	86.04	.026	172.07	2.21
PRINCIPAL SURGEON	1	2	252.79	126.40	.013	252.79	1.62

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	2		91.35	45.68	.013	91.35	.59
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	4	5		183.54	36.71	.032	45.89	1.18
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1		57.08	57.08	.006	57.08	.37
@PHARMACY	43	98	\$	5,564.79	\$ 56.78	.628	\$ 129.41	\$ 35.67
PRESCRIPTION DRUGS	43	98		5,564.79	56.78	.628	129.41	35.67
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	43	98		5,564.79	56.78	.628	129.41	35.67
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	1	1	\$	105.00	\$ 105.00	.006	\$ 105.00	\$.67
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	1	1		105.00	105.00	.006	105.00	.67
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,986
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC AID CODES 6N

156 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	9	\$ 223.66	\$ 24.85	.058	\$ 55.92	\$ 1.43
DIAGNOSTIC AND ANC. PROCED	3	3	127.70	42.57	.019	42.57	.82
EYE APPLIANCES	3	6	95.96	15.99	.038	31.99	.62
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	10	42	\$ 963.04	\$ 22.93	.269	\$ 96.30	\$ 6.17
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10	42	963.04	22.93	.269	96.30	6.17
MEDICAL	4	5	129.77	25.95	.032	32.44	.83
SURGERY	1	1	110.94	110.94	.006	110.94	.71
PATHOLOGY	5	22	185.45	8.43	.141	37.09	1.19
RADIOLOGY	3	4	176.62	44.16	.026	58.87	1.13
ROOM USE	4	7	292.43	41.78	.045	73.11	1.87
CROSSOVERS/ALL OTH OUTPTNT	1	3	67.83	22.61	.019	67.83	.43
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,987

MOP024
MENDOCINO COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC

AID CODES 6N

01/17/03

156 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10	42	\$ 963.04	\$ 22.93	.269	\$ 96.30	\$ 6.17
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10	42	963.04	22.93	.269	96.30	6.17
MEDICAL	4	5	129.77	25.95	.032	32.44	.83
SURGERY	1	1	110.94	110.94	.006	110.94	.71
PATHOLOGY	5	22	185.45	8.43	.141	37.09	1.19
RADIOLOGY	3	4	176.62	44.16	.026	58.87	1.13
ROOM USE	4	7	292.43	41.78	.045	73.11	1.87
CROSSOVERS/ALL OTH OUTPTNT	1	3	67.83	22.61	.019	67.83	.43
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	8	\$ 233.23	\$ 29.15	.051	\$ 58.31	\$ 1.50
PATHOLOGY	4	8	233.23	29.15	.051	58.31	1.50
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	31	56	\$ 6,209.76	\$ 110.89	.359	\$ 200.31	\$ 39.81
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	31	56	6,209.76	110.89	.359	200.31	39.81

#CALIF DEPT OF HEALTH SERV
MOP024
MENDOCINO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC

AID CODES 6N

PAGE 6,988
01/17/03

156 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
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		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	12	52	\$	878.38	\$ 16.89	.333	\$ 73.20	\$ 5.63
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	3		155.19	51.73	.019	155.19	.99
MEDICAL TRANSPORTATION	1	21		195.53	9.31	.135	195.53	1.25
AMBULANCES/AIR TRANS	1	21		195.53	9.31	.135	195.53	1.25
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	1	4		75.69	18.92	.026	75.69	.49
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1		105.00	105.00	.006	105.00	.67
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	2	4		42.72	10.68	.026	21.36	.27
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	7	19		304.25	16.01	.122	43.46	1.95
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	4	16	\$	937.80	\$ 58.61	.103	\$ 234.45	\$ 6.01
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,989
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

210,681 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	124,871	1,579,618	\$ 70,322,262.15	\$ 44.52	7.498	\$ 563.16	\$ 333.79
@PHYSICIANS SERVICES	23,374	67,138	\$ 3,193,026.08	\$ 47.56	.319	\$ 136.61	\$ 15.16
OUTPATIENT VISITS	6,349	8,378	337,137.93	40.24	.040	53.10	1.60
OFFICE VISITS	5,007	6,352	219,484.18	34.55	.030	43.84	1.04
HOME VISITS	8	12	397.98	33.17	.000	49.75	.00
EMERGENCY ROOM	551	659	31,811.29	48.27	.003	57.73	.15
PREVENTIVE CARE	3	3	131.55	43.85	.000	43.85	.00
OB VISITS/COMPRI PERI	617	1,021	74,864.31	73.32	.005	121.34	.36
OTHER OUTPATIENT	295	331	10,448.62	31.57	.002	35.42	.05
INPATIENT VISITS	1,892	6,880	410,544.26	59.67	.033	216.99	1.95
HOSPITAL VISITS	1,747	5,649	259,072.76	45.86	.027	148.30	1.23
CRITICAL CARE	229	1,017	143,621.27	141.22	.005	627.17	.68
SNF/ICF/TRANS IP CARE	84	214	7,850.23	36.68	.001	93.46	.04
OPHTHALMOLOGICAL SERVICES	333	368	17,206.42	46.76	.002	51.67	.08
EXAMINATIONS	333	368	17,206.42	46.76	.002	51.67	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	1,558	8,799		864,036.52		98.20	.042	554.58	4.10
PRINCIPAL SURGEON	1,032	1,322		694,031.35		524.99	.006	672.51	3.29
ASSISTANT SURGEON	156	159		32,995.67		207.52	.001	211.51	.16
ANESTHESIOLOGIST	625	7,318		137,009.50		18.72	.035	219.22	.65
OUTPATIENT SURGERY	2,195	7,972		534,684.36		67.07	.038	243.59	2.54
PRINCIPAL SURGEON	1,639	2,130		415,282.17		194.97	.010	253.38	1.97
ASSISTANT SURGEON	17	17		1,694.87		99.70	.000	99.70	.01
ANESTHESIOLOGIST	781	5,825		117,707.32		20.21	.028	150.71	.56
DIALYSIS	66	141		18,642.57		132.22	.001	282.46	.09
PATHOLOGY	2,774	4,453		119,495.59		26.83	.021	43.08	.57
RADIOLOGY	7,843	12,261		459,483.40		37.48	.058	58.59	2.18
PSYCHIATRY	6	9		328.97		36.55	.000	54.83	.00
IMMUNIZATION AND INJECTION	256	924		86,178.13		93.27	.004	336.63	.41
OTHER SERVICES/ALL X-OVERS	7,229	16,953		345,287.93		20.37	.080	47.76	1.64
@PHARMACY	70,853	443,389	\$	18,692,985.43	\$	42.16	2.105	\$ 263.83	\$ 88.73
PRESCRIPTION DRUGS	70,090	233,848		18,247,153.99		78.03	1.110	260.34	86.61
SNF/ICF	2,711	17,283		1,041,069.45		60.24	.082	384.02	4.94
OUTPATIENTS	67,505	216,565		17,206,084.54		79.45	1.028	254.89	81.67
MEDICAL SUPPLIES	4,060	209,541		445,831.44		2.13	.995	109.81	2.12
@DENTIST	4,982	19,771	\$	699,912.58	\$	35.40	.094	\$ 140.49	\$ 3.32
VISITS - DIAGNOSTIC	3,620	12,335		189,674.48		15.38	.059	52.40	.90
ORAL SURGERY	784	2,325		155,114.75		66.72	.011	197.85	.74
DRUGS	58	65		1,055.00		16.23	.000	18.19	.01
ANESTHESIA	193	196		17,387.00		88.71	.001	90.09	.08
PERIODONTICS	78	97		10,075.00		103.87	.000	129.17	.05
ENDODONTICS	200	366		41,000.00		112.02	.002	205.00	.19
RESTORATIVE DENTISTRY	1,496	3,756		221,811.50		59.06	.018	148.27	1.05
PROSTHETICS	23	23		630.00		27.39	.000	27.39	.00
DENTURES, STAYPLATES	168	446		50,582.68		113.41	.002	301.09	.24
SPACE MAINTAINERS	20	26		2,706.00		104.08	.000	135.30	.01
MAXILLOFACIAL SERVICES	27	40		4,275.63		106.89	.000	158.36	.02
FRACTURES, DISLOCATIONS	2	2		940.00		470.00	.000	470.00	.00
ORTHODONTIC SERVICES	46	62		4,660.54		75.17	.000	101.32	.02
ALL OTHER SERVICES	28	32		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 6,990
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MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED								

	210,681 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2,587	7,487	\$	168,810.32	\$ 22.55	.036	\$ 65.25	\$.80
DIAGNOSTIC AND ANC. PROCED	1,525	1,538		71,803.86	46.69	.007	47.08	.34
EYE APPLIANCES	2,016	5,695		92,147.65	16.18	.027	45.71	.44
OTHER OPTOMETRIC SERVICES	195	254		4,858.81	19.13	.001	24.92	.02
@CHIROPRACTOR	183	501	\$	8,000.80	\$ 15.97	.002	\$ 43.72	\$.04
VISITS	173	484		7,824.96	16.17	.002	45.23	.04
OTHER SERVICES	10	17		175.84	10.34	.000	17.58	.00
@PODIATRIST	496	778	\$	9,829.93	\$ 12.63	.004	\$ 19.82	\$.05
MEDICINE/INJECTIONS	13	13		405.80	31.22	.000	31.22	.00
SURGERY/ANES.	2	2		352.20	176.10	.000	176.10	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	481	763		9,071.93	11.89	.004	18.86	.04
@HOME HEALTH AGENCY	315	1,868	\$	101,732.80	\$ 54.46	.009	\$ 322.96	\$.48
NURSE ANESTHESIST	76	383	\$	1,493.63	\$ 3.90	.002	\$ 19.65	\$.01
NURSE MIDWIFE	545	3,308	\$	96,697.89	\$ 29.23	.016	\$ 177.43	\$.46
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	4	5	\$	188.58	\$	37.72	.000	\$	47.15	\$	.00
@TOTAL HOSPITAL	30,549	156,587	\$	21,119,232.46	\$	134.87	.743	\$	691.32	\$	100.24
HOSP INPATIENT TOTAL	2,484	11,337		16,823,839.87		1483.98	.054		6772.88		79.85
HSC HOSPITALS	206	1,740		2,644,306.88		1519.72	.008		12836.44		12.55
NON-HSC HOSPITAL TOTAL	1,763	6,887		13,728,657.11		1993.42	.033		7787.10		65.16
ACCOMMODATIONS	1,642	6,887		4,880,624.82		708.67	.033		2972.37		23.17
ADMINISTRATIVE DAYS	42	173		36,749.42		212.42	.001		874.99		.17
TRANSITIONAL IP CARE	0	0		302.04		.00	.000		.00		.00
ALL OTHER ACCOM	1,616	6,714		4,843,573.36		721.41	.032		2997.26		22.99
ANCILLARIES	1,763	0		8,848,032.29		.00	.000		5018.74		42.00
INPATIENT CROSSOVERS	547	2,710		450,875.88		166.37	.013		824.27		2.14
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	29,363	145,250		4,295,392.59		29.57	.689		146.29		20.39
MEDICAL	12,008	19,149		1,008,747.63		52.68	.091		84.01		4.79
SURGERY	2,178	2,755		198,083.36		71.90	.013		90.95		.94
PATHOLOGY	12,585	45,807		558,591.43		12.19	.217		44.39		2.65
RADIOLOGY	6,313	8,818		640,747.31		72.66	.042		101.50		3.04
ROOM USE	13,420	19,425		877,297.59		45.16	.092		65.37		4.16
CROSSOVERS/ALL OTH OUTPTNT	13,313	49,296		1,011,925.27		20.53	.234		76.01		4.80
@COUNTY HOSPITAL TOTAL	99	564	\$	137,309.03	\$	243.46	.003	\$	1386.96	\$	.65
CO HOSPITAL INPATIENT TOTAL	8	106		125,405.97		1183.08	.001		15675.75		.60
HSC HOSPITALS	8	106		125,311.47		1182.18	.001		15663.93		.59
NON-HSC HOSPITALS TOTAL	0	0		94.50		.00	.000		.00		.00
ACCOMMODATIONS	0	0		94.50		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		94.50		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	95	458		11,903.06		25.99	.002		125.30		.06
MEDICAL	49	69		2,687.87		38.95	.000		54.85		.01
SURGERY	10	15		516.54		34.44	.000		51.65		.00
PATHOLOGY	29	143		2,041.70		14.28	.001		70.40		.01
RADIOLOGY	14	32		1,386.14		43.32	.000		99.01		.01
ROOM USE	61	80		3,631.13		45.39	.000		59.53		.02
CROSSOVERS/ALL OTH OUTPTNT	46	119		1,639.68		13.78	.001		35.65		.01
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MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED										

						----- MONTHLY AVERAGE -----		
210,681 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	30,466	156,023	\$ 20,981,923.43	\$ 134.48	.741	\$ 688.70	\$ 99.59	
COMM HOSP INPATIENT TOTAL	2,478	11,231	16,698,433.90	1486.82	.053	6738.67	79.26	
HSC HOSPITALS	198	1,634	2,518,995.41	1541.61	.008	12722.20	11.96	
NON-HSC HOSPITALS TOTAL	1,763	6,887	13,728,562.61	1993.40	.033	7787.05	65.16	
ACCOMMODATIONS	1,642	6,887	4,880,530.32	708.66	.033	2972.31	23.17	
ADMINISTRATIVE DAYS	42	173	36,654.92	211.88	.001	872.74	.17	
TRANSITIONAL IP CARE	0	0	302.04	.00	.000	.00	.00	
ALL OTHER ACCOM	1,616	6,714	4,843,573.36	721.41	.032	2997.26	22.99	
ANCILLARIES	1,763	0	8,848,032.29	.00	.000	5018.74	42.00	
INPATIENT CROSSOVERS	547	2,710	450,875.88	166.37	.013	824.27	2.14	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	29,282	144,792	4,283,489.53	29.58	.687	146.28	20.33	
MEDICAL	11,962	19,080	1,006,059.76	52.73	.091	84.10	4.78	

SURGERY	2,168	2,740		197,566.82		72.10	.013	91.13	.94
PATHOLOGY	12,560	45,664		556,549.73		12.19	.217	44.31	2.64
RADIOLOGY	6,301	8,786		639,361.17		72.77	.042	101.47	3.03
ROOM USE	13,366	19,345		873,666.46		45.16	.092	65.36	4.15
CROSSOVERS/ALL OTH OUTPTNT	13,272	49,177		1,010,285.59		20.54	.233	76.12	4.80
@STATE HOSPITAL	2	59	\$	26,031.70	\$	441.22	.000	\$ 13015.85	\$.12
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	2	59		26,031.70		441.22	.000	13015.85	.12
@NURSING FACILITY	2,799	82,893	\$	8,370,941.09	\$	100.98	.393	\$ 2990.69	\$ 39.73
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	78	2,365		225,422.28		95.32	.011	2890.03	1.07
LEV B-SUBACUTE FREESTANDING	12	456		262,077.99		574.73	.002	21839.83	1.24
LEV B-SUBACUTE HSPTL BASED	12	315		190,243.13		603.95	.001	15853.59	.90
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	2,698	79,757		7,693,197.69		96.46	.379	2851.44	36.52
@INTERMEDIATE CARE FACIL.-DD	353	10,718	\$	1,514,358.19	\$	141.29	.051	\$ 4289.97	\$ 7.19
ICF DDH	280	8,537		1,152,786.45		135.03	.041	4117.09	5.47
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	73	2,181		361,571.74		165.78	.010	4953.04	1.72
@HEMODIALYSIS TOTAL	352	3,657	\$	283,476.20	\$	77.52	.017	\$ 805.33	\$ 1.35
HOSPITAL BASED	4	47		17,780.10		378.30	.000	4445.03	.08
HEMODIALYSIS CENTER	348	3,610		265,696.10		73.60	.017	763.49	1.26
@REHABILITATION FACILITY	135	1,464	\$	19,682.26	\$	13.44	.007	\$ 145.79	\$.09
HOSPITAL BASED	6	9		358.67		39.85	.000	59.78	.00
INDEPENDENT FACILITY	129	1,455		19,323.59		13.28	.007	149.80	.09
@LABORATORY FACILITY	5,178	16,166	\$	276,233.72	\$	17.09	.077	\$ 53.35	\$ 1.31
PATHOLOGY	5,170	16,152		276,086.39		17.09	.077	53.40	1.31
XO AND OTHERS	8	14		147.33		10.52	.000	18.42	.00
@ORGANIZED OUTPATIENT CLINIC	62,988	129,399	\$	11,392,952.58	\$	88.05	.614	\$ 180.87	\$ 54.08
CLINIC	1,345	5,148		120,312.83		23.37	.024	89.45	.57
SURGICENTER	312	1,045		43,591.19		41.71	.005	139.72	.21
HEROIN DETOX CLINIC	4	35		446.89		12.77	.000	111.72	.00

RURAL HEALTH CLINIC
 #CALIF DEPT OF HEALTH SERV
 MOP024
 MENDOCINO COUNTY

61,908 123,171 11,228,601.67
 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
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91.16 .585 181.38 53.30
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	210,681 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	19,864	634,047	\$	4,346,675.91	\$ 6.86	3.010	\$ 218.82	\$ 20.63
DURABLE MED. EQUIP.	1,212	5,209		740,050.76	142.07	.025	610.60	3.51
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	131	222		26,793.71	120.69	.001	204.53	.13
MEDICAL TRANSPORTATION	1,832	85,923		820,393.68	9.55	.408	447.81	3.89
AMBULANCES/AIR TRANS	1,097	24,942		402,571.59	16.14	.118	366.98	1.91
OTHER TRANS	196	51,203		115,866.53	2.26	.243	591.16	.55
OTHER SERVICES	697	9,778		301,955.56	30.88	.046	433.22	1.43
ACUPUNCTURE	2,988	7,454		127,353.65	17.09	.035	42.62	.60
ADULT DAY HEALTH CARE CTR	357	3,754		249,097.35	66.36	.018	697.75	1.18
GENETIC DISEASE TESTING	620	622		49,681.00	79.87	.003	80.13	.24
IHMC,MODEL-NF,NF,AIDS,MSSP	2,766	23,067		1,180,819.74	51.19	.109	426.91	5.60
OCCUPATIONAL THERAPIST	12	86		1,261.78	14.67	.000	105.15	.01
OPTICIAN	2,551	6,269		74,049.24	11.81	.030	29.03	.35
PHYSICAL THERAPIST	553	5,019		74,717.53	14.89	.024	135.11	.35
PORTABLE X-RAY	6	10		142.47	14.25	.000	23.75	.00
PROSTHETIST/ORTHOTISTS	243	742		92,879.89	125.18	.004	382.22	.44
PROSTHETICS	185	674		89,009.84	132.06	.003	481.13	.42
ORTHOTICS	58	68		3,870.05	56.91	.000	66.73	.02
PSYCHOLOGIST	36	59		2,834.58	48.04	.000	78.74	.01
SPEECH AND AUDIOLOGY	486	1,331		101,257.65	76.08	.006	208.35	.48
HOSPICE SERVICES	7	103		11,069.27	107.47	.000	1581.32	.05
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4,542	38,651		442,379.96	11.45	.183	97.40	2.10
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3,827	455,526		351,893.65	.77	2.162	91.95	1.67
@CALIF. CHILDREN SERVICES*	1,383	15,650	\$	3,074,899.59	\$ 196.48	.074	\$ 2223.35	\$ 14.60
@XOVER EXCLUDING STATE HOSP**	10,887	105,531	\$	1,541,227.90	\$ 14.60	.501	\$ 141.57	\$ 7.32

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.